Health Insurance Coverage in the United States: 2018

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By Edward R. Berchick, Jessica C. Barnett, and Rachel D. Upton

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Introduction

Health insurance is a means for financing a person's health care expenses. While the majority of people have private health insurance, primarily through an employer, many others obtain coverage through programs offered by the government. Other individuals do not have health insurance coverage at all (see the text box "What Is Health Insurance Coverage?").

Year to year, the prevalence of health insurance coverage and the distribution of coverage types may change due to economic trends, shifts in the demographic composition of the population, and policy changes that affect access to care.

This report presents statistics on health insurance coverage in the United States in 2018 and changes in health insurance coverage between 2017 and 2018.[1, 2] The statistics in this report are primarily based on information collected in the Current Population Survey Annual Social and Economic Supplement (CPS ASEC), a survey conducted by the U.S. Census Bureau. State-level estimates are based on information from a second Census Bureau survey, the American Community Survey (ACS), which has a larger sample size that makes it well-suited for subnational levels of geography.

For the past several years, the Census Bureau has been engaged in implementing improvements to the CPS ASEC. These changes have been implemented in a two-step process, beginning with questionnaire design changes incorporated over the period of 2014 to 2016 and followed by more recent changes to the data processing system. This report is the first time health insurance coverage measures reflect both data collection and processing system changes. The 2017 and 2018 estimates used in this report are based on the updated processing system, and, therefore, the

[1] For a discussion of the quality of CPS ASEC health insurance coverage estimates and measuring change over time with the CPS ASEC, see Appendix A.

[2] The Census Bureau reviewed this data product for unauthorized disclosure of confidential information and approved the disclosure avoidance practices applied to this release. CBDRB-FY19-POP001-0018.

What Is Health Insurance Coverage?

Health insurance coverage in the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) refers to comprehensive coverage during the calendar year for the civilian, noninstitutionalized population.* For reporting purposes, the Census Bureau broadly classifies health insurance coverage as private insurance or public insurance.

Private Coverage

- Employment-based: Plan provided through an employer or union.
- Direct-purchase: Coverage purchased directly from an insurance company or through a federal or state marketplace (e.g., healthcare.gov).
- TRICARE: Coverage through TRICARE, formerly known as Civilian Health and Medical Program of the Uniformed Services.

Public Coverage

- Medicare: Federal program that helps to pay health care costs for people aged 65 and older and for certain people under age 65 with long-term disabilities.
- Medicaid: Medicaid, the Children's Health Insurance Program (CHIP), and individual state health plans.
- CHAMPVA or VA: Civilian Health and Medical Program of the Department of Veterans Affairs, as well as care provided by the Department of Veterans Affairs and the military.

Additionally, people are considered uninsured if they only had coverage through the Indian Health Service (IHS), as IHS coverage is not considered comprehensive. For more information, see Appendix A, "Estimates of Health Insurance Coverage."

* Comprehensive health insurance covers basic healthcare needs. This definition excludes single-service plans such as accident, disability, dental, vision, or prescription medicine plans.

2017 estimates may differ from those released in September 2018. See Appendix A for more information.[3]

Highlights

- In 2018, 8.5 percent of people, or 27.5 million, did not have health insurance at any point during the year. The uninsured rate and number of uninsured increased from 2017 (7.9 percent or 25.6 million) (Figure 1 and Table 1).[4]
- The percentage of people with health insurance coverage for all or part of 2018 was 91.5 percent, lower than the rate in 2017 (92.1 percent) (Table 1).[5]
- In 2018, private health insurance coverage continued to be more prevalent than public coverage, covering 67.3 percent of the population and 34.4 percent of the population, respectively.[6] Of the subtypes of health insurance coverage, employer-based insurance remained the most common, covering 55.1 percent of the population for all or part of the calendar year (Figure 1 and Table 1).
- Between 2017 and 2018, the percentage of people with public coverage decreased 0.4 percentage points. The percentage of people covered by Medicaid decreased by 0.7 percentage points to 17.9 percent (Figure 1 and Table 1).[7] The rate of Medicare coverage increased by 0.4 percentage points to 17.8 percent.[8, 9]
- The percentage of people with private coverage or any of the three subtypes of private coverage (employment-based, direct-purchase, and TRICARE) did not statistically change between 2017 and 2018.
- The percentage of uninsured children under the age of 19 increased by 0.6 percentage

[3] Given the effect of the new health insurance questions introduced in 2014, the new relationship categories introduced in 2015–2016, and the 2019 implementation of an updated processing system, the CPS ASEC estimates in this report are not comparable to previously published estimates. See Appendix A for more details.

[4] Infants born after the end of the calendar-year reference period are excluded from estimates in this report, with the exception of estimates of coverage at the time of interview.

[5] All comparative statements in this report have undergone statistical testing, and comparisons are significant at the 90 percent confidence level unless otherwise noted.

[6] Some people may have more than one coverage type during the calendar year.

[7] Throughout this report, details may not sum to totals because of rounding.

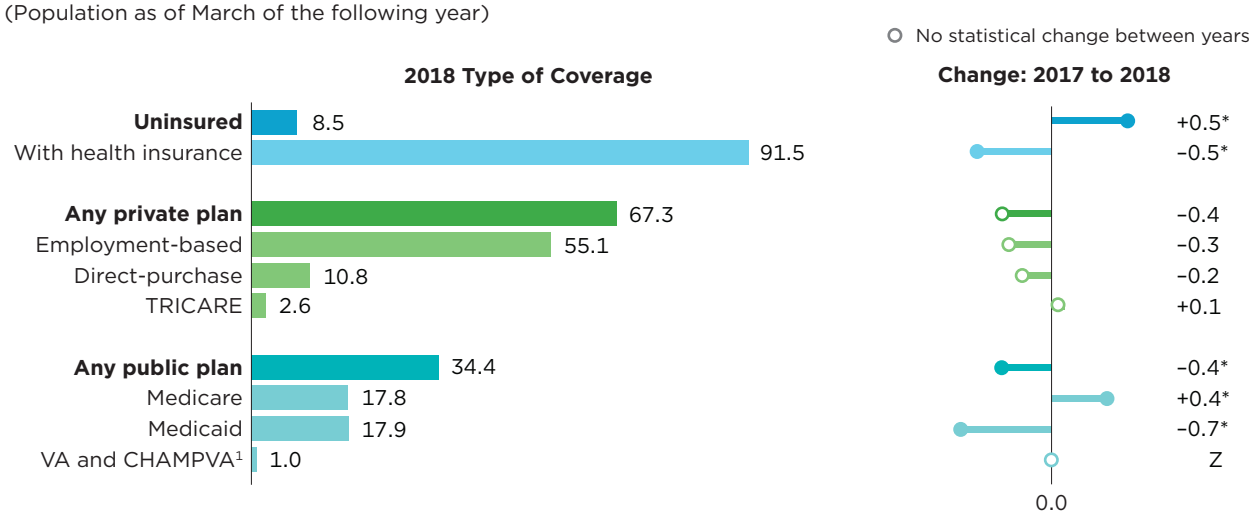
[8] This increase was partly due to growth in the number of people aged 65 and over. Among those 65 years and older, the Medicare coverage rate did not statistically change between 2017 and 2018. However, the percentage of the U.S. population 65 years and older increased between 2017 and 2018.

[9] In 2018, the percentage of people covered by Medicaid was not statistically different from the percentage covered by Medicare.

Figure 1.

Percentage of People by Type of Health Insurance Coverage and Change From 2017 to 2018

(Population as of March of the following year)



Z Represents zero or rounds to zero.

[1] Includes CHAMPVA (Civilian Health Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs and the military.

* Denotes a statistically significant change between 2017 and 2018 at the 90 percent confidence level.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

Table 1.

Number and Percentage of People by Type of Health Insurance: 2017 and 2018

(Numbers in thousands. Margins of error in thousands or percentage points as appropriate. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>)

Coverage type	2017				2018				Change in number	Change in percent
	Number	Margin of error[1] (±)	Percent	Margin of error[1] (±)	Number	Margin of error[1] (±)	Percent	Margin of error[1] (±)	2018 less 2017	2018 less 2017
Total	**322,490**	**135**	**X**	**X**	**323,668**	**133**	**X**	**X**	***1,178**	**X**
Any health plan	**296,890**	**622**	**92.1**	**0.2**	**296,206**	**641**	**91.5**	**0.2**	**–684**	***–0.5**
Any private plan[2, 3]	218,209	1,129	67.7	0.3	217,780	1,222	67.3	0.4	–430	–0.4
Employment-based[2]	178,751	1,106	55.4	0.3	178,350	1,283	55.1	0.4	–401	–0.3
Direct-purchase[2]	35,499	704	11.0	0.2	34,846	647	10.8	0.2	–653	–0.2
Marketplace coverage[2]	11,217	380	3.5	0.1	10,743	428	3.3	0.1	–474	–0.2
TRICARE[2]	8,207	549	2.5	0.2	8,537	508	2.6	0.2	330	0.1
Any public plan[2, 4]	112,151	928	34.8	0.3	111,330	962	34.4	0.3	–821	*–0.4
Medicare[2]	56,170	361	17.4	0.1	57,720	401	17.8	0.1	*1,550	*0.4
Medicaid[2]	59,814	892	18.5	0.3	57,819	891	17.9	0.3	*–1,995	*–0.7
VA or CHAMPVA[2, 5]	3,229	188	1.0	0.1	3,217	182	1.0	0.1	–12	Z
Uninsured[6]	**25,600**	**596**	**7.9**	**0.2**	**27,462**	**630**	**8.5**	**0.2**	***1,862**	***0.5**

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.
X Not applicable.
Z Represents or rounds to zero.
[1] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <https://www2.census.gov/library/publications/2019/demo/p60-267sa.pdf>.
[2] The estimates by type of coverage are not mutally exclusive; people can be covered by more than one type of health insurance during the year.
[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.
[4] Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.
[5] Includes CHAMPVA, as well as care provided by the Department of Veterans Affairs and the military.
[6] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.
Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

points between 2017 and 2018, to 5.5 percent (Table 2).

- Between 2017 and 2018, the percentage of people without health insurance coverage at the time of interview decreased in three states and increased in eight states (Figure 9 and Table 6).[10]

Calendar-Year Coverage in 2018

This report classifies health insurance coverage into three categories: overall coverage, private coverage, and public coverage (see Text Box "What Is Health Insurance Coverage?"). In the CPS ASEC, people are considered to have coverage if they were covered by health insurance for part or all of the previous calendar year. This report also presents estimates of the uninsured rate. People were considered uninsured if, for the entire year, they were not covered by any type of health insurance.[11]

In 2018, most people (91.5 percent) had health insurance coverage at some point during the calendar year (Figure 1 and Table 1). That is, 8.5 percent of people were uninsured for the entire calendar year. More people had private health insurance (67.3 percent) than public coverage (34.4 percent).[12]

Employer-based insurance was the most common subtype of health insurance (55.1 percent), followed by Medicaid (17.9 percent), Medicare (17.8 percent), direct-purchase insurance (10.8 percent), TRICARE (2.6 percent), and VA or CHAMPVA health care (1.0 percent) (Table 1).[13, 14]

Direct-purchase insurance includes coverage obtained through a state or federal marketplace. In 2018, 3.3 percent of people, or 30.8 percent of people with direct-purchase insurance, obtained their coverage through a state or federal marketplace.

Change in Coverage Between 2017 and 2018

The percentage of people covered by any type of health insurance in 2018 was lower than the percentage in 2017. This decline appears to

[10] Estimates are from the 2017 and 2018 American Community Survey, 1-year estimates. For more information, see the text box "Health Insurance Coverage in the American Community Survey."

[11] Infants born after the end of the calendar-year reference period are excluded from estimates in this report, with the exception of estimates of coverage at the time of interview.

[12] See text box "What Is Health Insurance Coverage?" for definitions of private and public coverage.

[13] In 2018, the percentage of people with Medicare was not statistically different from the percentage of people with Medicaid.

[14] The final category includes CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) coverage and care provided by the Department of Veterans Affairs and the military.

Coverage at the Time of Interview

Starting this year, the CPS ASEC includes two types of health insurance coverage measures: health insurance coverage during the previous calendar year and health insurance coverage at the time of the interview. The first measure, health insurance coverage at any time during the previous calendar year, is used throughout this report. The second measure captures coverage held at the time of interview (between February and April). This information describes health insurance coverage in early 2019, not for the full calendar year.

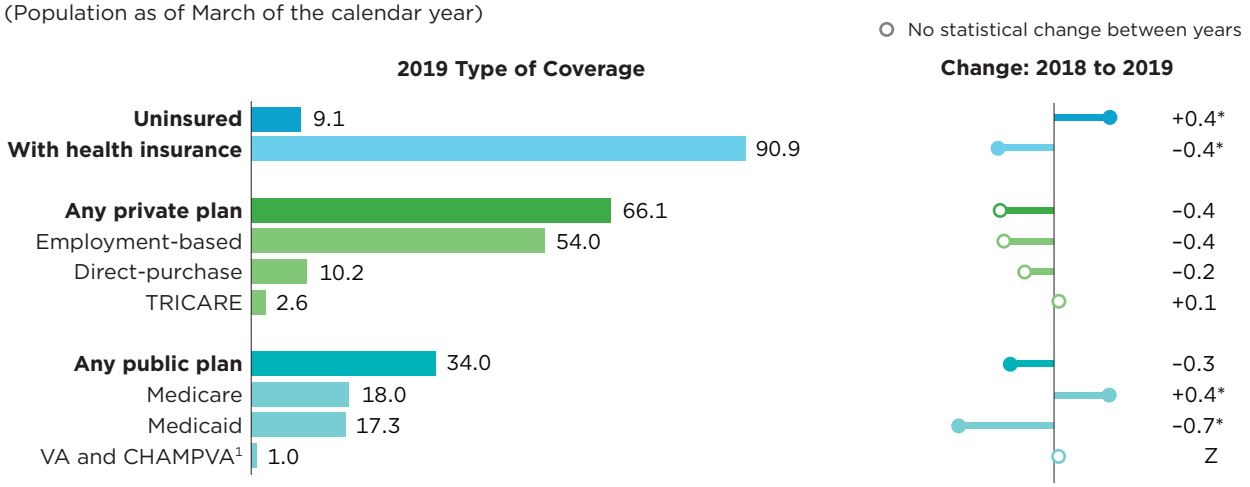
In early 2019, 90.9 percent of people had health insurance coverage at the time of interview, a 0.4 percentage-point decrease from early 2018. As the main measure of coverage in the CPS ASEC captures whether a person had coverage at any point in time in the calendar year, estimates of current coverage tend to be lower than the calendar-year estimates.

Between early 2018 and early 2019, Medicaid coverage at the time of interview decreased by 0.7 percentage points, and Medicare coverage at the time of interview increased. No other subtype of coverage saw a statistically significant change during this time.

Figure 2.

Percentage of People by Type of Coverage at the Time of Interview and Change Between 2018 and 2019

(Population as of March of the calendar year)



Z Represents zero or rounds to zero.

[1] Includes CHAMPVA (Civilian Health Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs and the military.

* Denotes a statistically significant change between 2018 and 2019 at the 90 percent confidence level.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

be driven by a 0.4 percentage-point decrease in public health insurance (Table 1). Medicaid coverage decreased by 0.7 percentage points between 2017 and 2018.[15] The rate of Medicare coverage moved in the opposite direction, increasing by 0.4 percentage points. This increase was partly due to growth in the number of people aged 65 and over and not a change in Medicare coverage for adults in this age range.

The percentage of people covered by private health insurance, or any of its three subtypes (employment-based, direct-purchase, and TRICARE), did not statistically change between 2017 and 2018.

[15] Unless otherwise stated, all changes correspond to the percentage-point difference in coverage rates between 2017 and 2018.

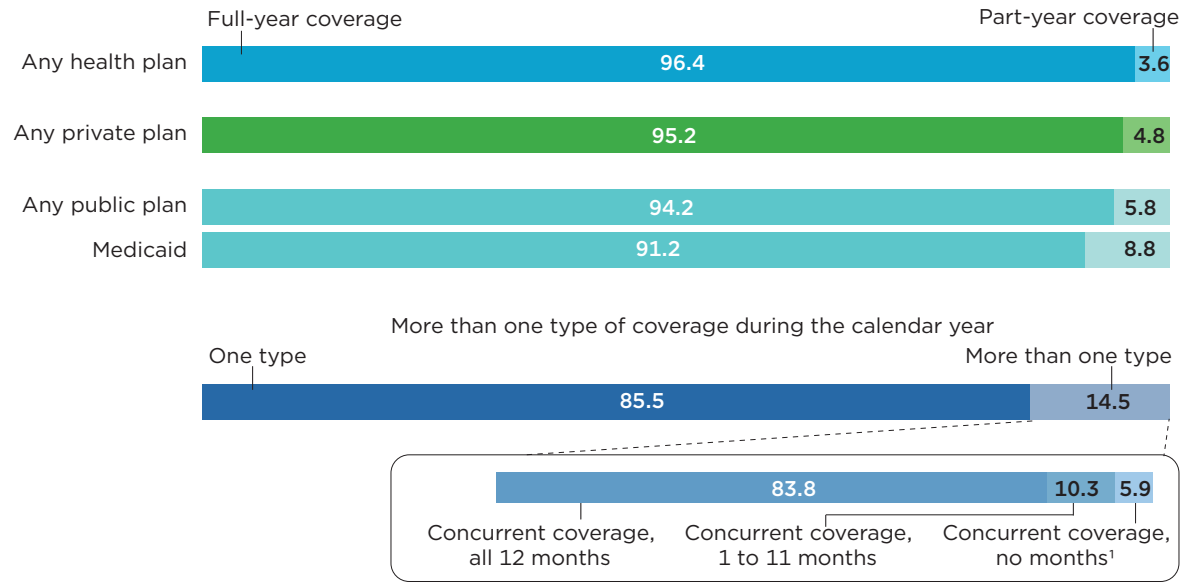
Health Insurance Coverage During the Calendar Year

People may have health insurance coverage for part or all of the calendar year. Among the 296.2 million people covered at any point during 2018, most—96.4 percent—had health insurance coverage for all 12 months, while 3.6 percent had coverage for 1 to 11 months (Figure 3). That is, most people with coverage during 2018 had coverage throughout the entire calendar year. Similarly, the majority of people with private coverage (95.2 percent) and public coverage (94.2 percent) were covered for the entire calendar year. Only 4.8 and 5.8 percent of people with private and public coverage held that type of coverage for part of the year, respectively. Such individuals held this type of coverage for 1 to 11 months during 2018.[16]

While most people have a single type of insurance, some people may have more than one type of coverage during the calendar year. They may have multiple types of coverage at one time to supplement their primary insurance type, or they may switch coverage types over the course of the year.

[16] Some people may transition from one type of coverage to another type of coverage during the calendar year. For example, some people may switch from employer-based (which is private) to Medicare coverage (which is public) during the calendar year. Such people would be considered to have full-year overall coverage. However, they would have private coverage for part of the year and public coverage for part of the year. Therefore, the percentage with part-year private coverage and the percentage with part-year public coverage may not sum to the total with part-year overall coverage.

Figure 3.
Subannual Health Insurance Coverage: 2018
(Numbers in percents. Population as of March of the following year)



[1] This group had more than one type of coverage during 2018, but did not have concurrent coverage within any single month.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

Table 2.

Percentage of People by Type of Health Insurance Coverage by Age: 2017 and 2018

(Numbers in thousands. Margins of error in percentage points. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>)

Characteristic	Total																				
	2017	2018	Any health insurance														Uninsured[5]				
			2017		2018			Private health insurance[3]					Public health insurance[4]								
								2017		2018			2017		2018			2017		2018		
	Number	Number	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2018 less 2017)[1,*]	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2018 less 2017)[1,*]	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2018 less 2017)[1,*]	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Change (2018 less 2017)[1,*]
Total	**322,490**	**323,668**	**92.1**	**0.2**	**91.5**	**0.2**	***-0.5**	**67.7**	**0.3**	**67.3**	**0.4**	**-0.4**	**34.8**	**0.3**	**34.4**	**0.3**	***-0.4**	**7.9**	**0.2**	**8.5**	**0.2**	***0.5**
Age																						
Under age 65	271,424	270,881	90.8	0.2	90.0	0.2	*-0.7	70.3	0.4	70.2	0.4	-0.1	23.6	0.3	22.8	0.3	*-0.8	9.2	0.2	10.0	0.2	*0.7
Under age 19[6]	77,487	77,333	95.0	0.3	94.5	0.3	*-0.6	61.6	0.6	61.8	0.7	0.2	37.0	0.6	35.7	0.7	*-1.3	5.0	0.3	5.5	0.3	*0.6
Aged 19 to 64	193,937	193,548	89.0	0.2	88.3	0.3	*-0.8	73.8	0.4	73.5	0.4	-0.2	18.3	0.3	17.6	0.3	*-0.6	11.0	0.2	11.7	0.3	*0.8
Aged 19 to 25[7]	29,811	29,297	86.3	0.6	85.7	0.6	-0.7	70.0	0.8	69.9	0.9	-0.1	18.8	0.7	18.3	0.7	-0.5	13.7	0.6	14.3	0.6	0.7
Aged 26 to 34	40,222	40,768	86.0	0.5	86.1	0.5	Z	70.4	0.7	71.3	0.8	1.0	18.5	0.6	17.5	0.6	*-1.0	14.0	0.5	13.9	0.5	Z
Aged 35 to 44	40,662	41,027	88.6	0.4	87.5	0.5	*-1.0	75.0	0.6	73.7	0.6	*-1.2	16.3	0.6	16.2	0.5	Z	11.4	0.4	12.5	0.5	*1.0
Aged 45 to 64	83,242	82,455	91.7	0.3	90.7	0.3	*-1.0	76.1	0.5	75.8	0.5	-0.4	18.9	0.4	18.1	0.4	*-0.8	8.3	0.3	9.3	0.3	*1.0
Aged 65 and older	51,066	52,788	99.0	0.1	99.1	0.1	Z	53.7	0.8	52.4	0.7	*-1.3	94.2	0.3	94.1	0.3	-0.1	1.0	0.1	0.9	0.1	Z

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

Z Represents or rounds to zero.

[1] Details may not sum to totals because of rounding.

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <https://www2.census.gov/library/publications/2019/demo/p60-267sa.pdf>.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

[4] Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[5] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

[6] Children under the age of 19 are eligible for Medicaid/CHIP.

[7] Individuals aged 19 to 25 may be eligible to be a dependent on a parent's health insurance plan.

Note: The estimates by type of coverage are *not* mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

In 2018, 14.5 percent of people with health insurance coverage, or 42.9 million people, had more than one type of health insurance coverage over the course of the year. Among this group, most people (83.8 percent) held more than one type of coverage in each month during the year, while 10.3 percent had more than one type within a single month for just part of the year (1 to 11 months). The remaining 5.9 percent held more than one type across the year, but did not have multiple types of coverage within any single month.

Health Insurance Coverage by Age

Age is strongly associated with the likelihood that a person has health insurance and the type of health insurance a person has. In 2018, adults aged 65 and over had the highest coverage rate (99.1 percent), followed by children under the age of 19 (94.5 percent) and adults aged 19 to 64 (88.3 percent) (Table 2).

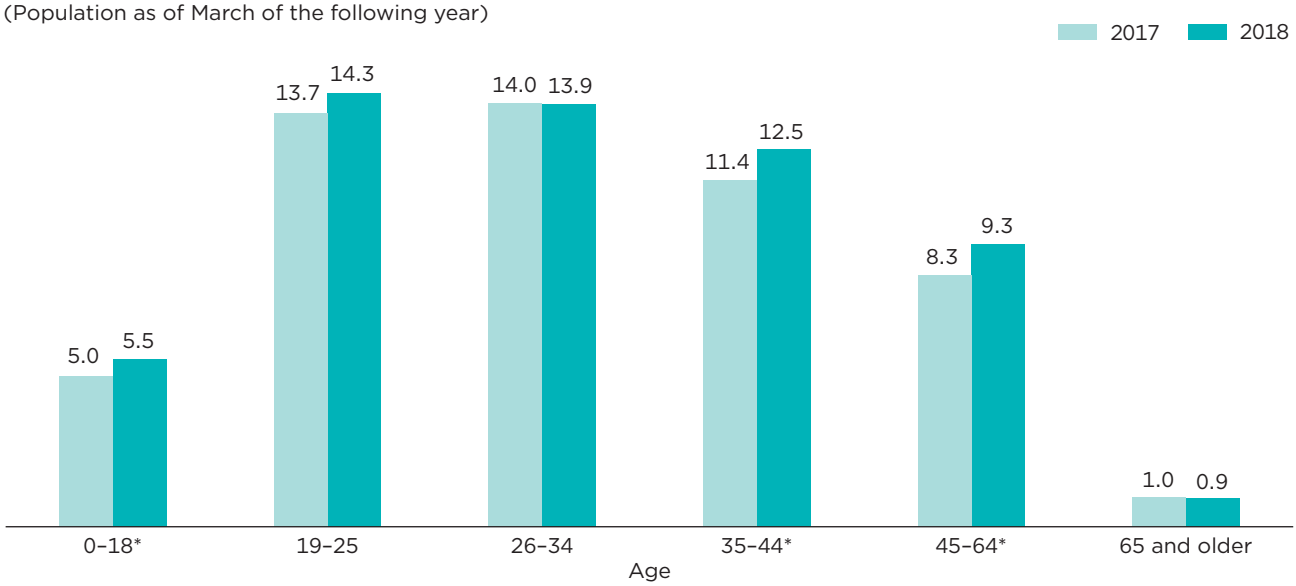
In 2018, 94.1 percent of adults aged 65 and over were covered by a public plan (primarily Medicare), and 52.4 percent were covered by a private plan, which may have supplemented their public coverage. Between 2017 and 2018, the percentage of adults aged 65 and over with private coverage decreased by 1.3 percentage points. Their rates of overall health insurance coverage and public coverage did not statistically change during this time.

In 2018, children under the age of 19 had a lower overall coverage rate than adults aged 65 and over but a higher rate than adults aged 19 to 64. Children's coverage is likely influenced by some children from lower income families being eligible for health coverage through programs such as Medicaid or the Children's Health Insurance Program (CHIP), and by some children receiving coverage through a parent or guardian's health plan.[17] In 2018, 61.8 percent of children under the age of 19 had private health insurance, and 35.7 percent had public coverage.

Unlike for adults 65 and older, between 2017 and 2018, the rates of overall health insurance coverage and public coverage decreased for children under the age of 19 and their rate of private coverage did not statistically change. For children, coverage overall decreased by 0.6 percentage points (to 94.5 percent), and public coverage declined by 1.3 percentage points (to 35.7 percent). The latter change was likely due to

[17] The Children's Health Insurance Program (CHIP) is a public program that provides health insurance to children in families with income too high to qualify for Medicaid, but who are likely unable to afford private health insurance.

Figure 4.
Percentage of People Uninsured by Age: 2017 and 2018
(Population as of March of the following year)



* Denotes a statistically significant change between 2017 and 2018 at the 90 percent confidence level.
Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <https://www2.census.gov/programs-surveys/cps/techdocs/cps/cpsmar19.pdf>.
Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

a 1.2 percentage-point decrease in Medicaid and CHIP coverage.[18]

Adults aged 19 to 64 had a lower rate of health insurance coverage in 2018 (88.3 percent) than both children and older adults. This group, in other words, had the highest uninsured rate of the three broad age groups examined, at 11.7 percent.

Adults aged 19 to 64 were nonetheless more likely than the other two broad age groups to be covered by private health insurance (73.5 percent). They were also less likely to have public coverage (17.6 percent).

The prevalence of health insurance and, therefore, the uninsured rate varied within the 19-to-64 age group. Among adults aged 19 to 64, the population aged 19 to 25 was among the most likely to be uninsured, with a coverage rate of 85.7 percent and an uninsured rate of 14.3 percent. In general, the uninsured rate decreased as age increased (Figure 4).[19]

Between 2017 and 2018, the uninsured rate increased by 1.0

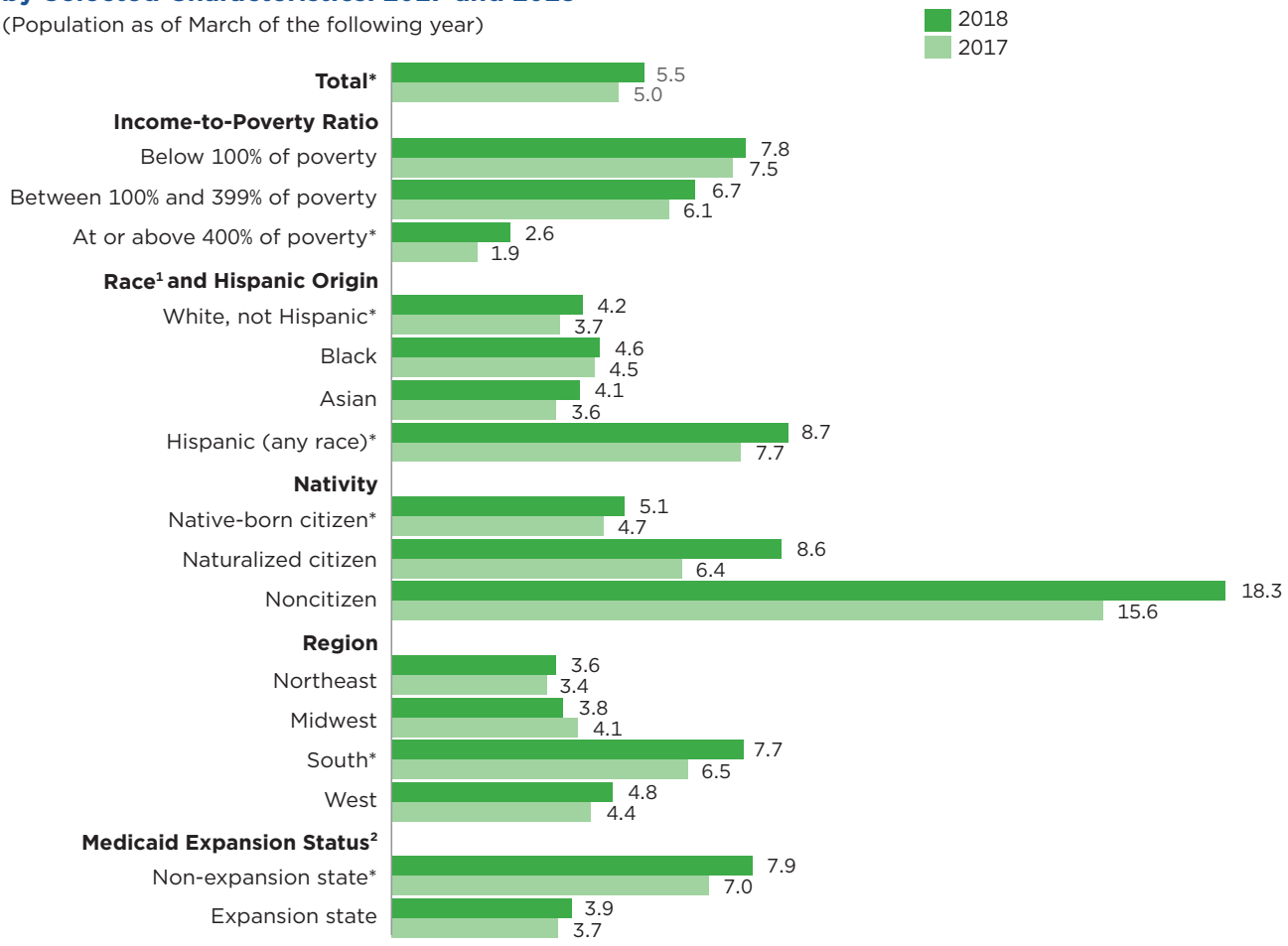
[18] The percentage-point change in the overall rate of coverage for children was not statistically different from the percentage-point change in the rate of private coverage or the percentage-point change in the rate of Medicaid coverage. The percentage-point change in the rate of public coverage for children was not statistically different from the percentage-point change in the rate of Medicaid coverage.

[19] The percentage of people aged 19 to 25 without health insurance coverage was not statistically different from the percentage of people aged 26 to 34 without coverage.

Figure 5.

Percentage of Children Under the Age of 19 Without Health Insurance Coverage by Selected Characteristics: 2017 and 2018

(Population as of March of the following year)



* Denotes a statistically significant change between 2017 and 2018 at the 90 percent confidence level.

[1] Federal surveys give respondents the option of reporting more than one race. This figure shows data using the race-alone concept. For example, Asian refers to people who reported Asian and no other race.

[2] Expansion status as of January 1, 2018. See Table 6: Number and Percentage of People Without Health Insurance Coverage by State: 2017 and 2018.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

percentage point for both adults aged 35 to 44 and adults aged 45 to 64 to 12.5 percent and 9.3 percent, respectively.[20] The percentage of people uninsured did not significantly increase or decrease for any other age group between the ages of 19 and 64.

Children Without Health Insurance Coverage

In 2018, 5.5 percent of children under the age of 19 did not have health insurance coverage, a 0.6 percentage-point increase from 2017. For many selected characteristics, the percentage of children (under 19 years of age) without health insurance coverage was significantly higher in 2018 than in 2017 (Figure 5). However, the change was not uniform across groups.

For example, the uninsured rate did not significantly change for children in either of the income-to-poverty categories for families with income less than 400 percent of poverty. However, it increased 0.7 percentage points for children living in families at or above 400 percent of poverty. In both years, the percentage of children without health insurance coverage decreased as the income-to-poverty ratio increased.

Other characteristics also reveal that the percentage of children without insurance and changes between 2017 and 2018 did not occur equally across groups. For example, children living in the South were more likely to be uninsured than children living in other regions in the United States.[21] Between 2017 and 2018, their uninsured rate increased 1.2 percentage points to 7.7 percent. The uninsured rate for children did not statistically change for any other region.

Hispanic children were more likely to be uninsured than children from other races and non-Hispanic origin groups. Between 2017 and 2018, the uninsured rate increased 1.0 percentage point for Hispanic children and 0.5 percentage points for non-Hispanic Whites.[22] Children in other racial groups did not experience statistical changes in their uninsured rate between 2017 and 2018.

Health Insurance Coverage by Selected Social and Economic Characteristics

The prevalence of health insurance coverage varies across certain social and economic characteristics. In 2018, individuals aged 15 to 64 with a disability were more likely to be insured (90.4 percent) than were individuals with no disability (88.5 percent) (Table 3).

People with a disability were less likely than people with no disability to have private health insurance coverage and more likely to have public coverage. In 2018, 44.7 percent of people with a disability had private coverage, compared with 74.9 percent of adults with no disability, a 30.2 percentage-point difference. At the same time, 53.9 percent of adults with a disability and 16.0 percent with no disability had public coverage, a 37.9 percentage-point difference.

Between 2017 and 2018, coverage decreased 1.1 percentage points for people with a disability and 0.7 percentage points for people with no disability. These decreases were not statistically different from one another. Public coverage decreased by 0.6 percentage points for adults with no disability, but did not statistically change for those with a disability.

For many adults aged 15 to 64, health insurance coverage is also related to work status, such as working full-time, year-round; working less than full-time, year-round; or not working at all during the calendar year.[23]

In 2018, 89.3 percent of all workers had health insurance coverage. Full-time, year-round workers were more likely to be covered by health insurance (90.5 percent) than the population working less than full-time, year-round (86.2 percent) or nonworkers (86.9 percent) (Table 3). Between 2017 and 2018, health insurance coverage rates for workers and nonworkers decreased by 0.8 percentage points and 0.7 percentage points, respectively. Coverage rates also declined 0.9 percentage points for both people who worked full-time, year-round and for people who worked less than full-time, year-round. These percentage-point decreases were not statistically different from one another.

Workers were more likely than nonworkers to be covered by private health insurance. In 2018, 85.1 percent of full-time, year-round workers and 68.5 percent of people who worked less than full-time, year-round had private coverage, compared with 51.3 percent of nonworkers.

Nonworkers, however, were more likely than workers to be covered by public health insurance. Specifically, in 2018, nonworkers were almost four times as likely to have public coverage (40.2 percent) than workers (11.1 percent). Among the latter group, 7.2 percent of people who worked full-time, year-round and 21.3 percent of people who worked less than full-time, year-round had public coverage.

Many adults obtain health insurance coverage through their spouse, and, therefore, health insurance coverage is related to marital status. In 2018, married adults aged 19 to 64 were more likely to be insured than any other

[20] The change for people aged 35 to 44 was not statistically different from the change for people aged 45 to 64.

[21] For information about how the Census Bureau classifies regions, see <https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf>.

[22] The change between 2017 and 2018 for non-Hispanic White children was not statistically different from the change for Hispanic children.

[23] In this report, a full-time, year-round worker is a person who worked 35 or more hours per week (full-time) and 50 or more weeks during the previous calendar year (year-round). For school personnel, summer vacation is counted as weeks worked if they are scheduled to return to their job in the fall.

Table 3.

Percentage of People by Type of Health Insurance Coverage for Selected Ages and Characteristics: 2017 and 2018

(Numbers in thousands. Margins of error in percentage points. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>)

Characteristic	Total																				
	2017	2018	Any health insurance														Uninsured[5]				
			2017		2018		Change (2018 less 2017)[1,*]	Private health insurance[3]					Public health insurance[4]								
								2017		2018		Change (2018 less 2017)[1,*]	2017		2018		Change (2018 less 2017)[1,*]	2017		2018		Change (2018 less 2017)[1,*]
	Number	Number	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)		Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)		Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)		Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	
Total	**322,490**	**323,668**	**92.1**	**0.2**	**91.5**	**0.2**	***–0.5**	**67.7**	**0.3**	**67.3**	**0.4**	**–0.4**	**34.8**	**0.3**	**34.4**	**0.3**	***–0.4**	**7.9**	**0.2**	**8.5**	**0.2**	***0.5**
Total, 15 to 64 years old	211,093	210,794	89.4	0.2	88.7	0.3	*–0.8	73.1	0.4	72.8	0.4	–0.3	19.3	0.3	18.8	0.3	*–0.6	10.6	0.2	11.3	0.3	*0.8
Disability Status[6]																						
With a disability	15,683	15,438	91.6	0.6	90.4	0.7	*–1.1	46.0	1.2	44.7	1.2	–1.2	53.5	1.1	53.9	1.1	0.4	8.4	0.6	9.6	0.7	*1.1
With no disability	194,458	194,434	89.2	0.2	88.5	0.3	*–0.7	75.2	0.3	74.9	0.4	–0.3	16.6	0.3	16.0	0.3	*–0.6	10.8	0.2	11.5	0.3	*0.7
Work Experience																						
All workers	154,657	155,221	90.1	0.2	89.3	0.3	*–0.8	80.8	0.3	80.5	0.4	–0.3	11.7	0.2	11.1	0.2	*–0.6	9.9	0.2	10.7	0.3	*0.8
Worked full-time, year-round	109,932	111,950	91.4	0.2	90.5	0.3	*–0.9	85.8	0.3	85.1	0.4	*–0.6	7.6	0.2	7.2	0.2	*–0.4	8.6	0.2	9.5	0.3	*0.9
Worked less than full-time, year-round	44,725	43,271	87.1	0.5	86.2	0.5	*–0.9	68.7	0.7	68.5	0.7	–0.2	21.9	0.6	21.3	0.6	–0.6	12.9	0.5	13.8	0.5	*0.9
Did not work at least 1 week	56,436	55,573	87.5	0.5	86.9	0.4	*–0.7	52.1	0.7	51.3	0.8	–0.8	40.2	0.7	40.2	0.7	Z	12.5	0.5	13.1	0.4	*0.7
Total, 19 to 64 years old	193,937	193,548	89.0	0.2	88.3	0.3	*–0.8	73.8	0.4	73.5	0.4	–0.2	18.3	0.3	17.6	0.3	*–0.6	11.0	0.2	11.7	0.3	*0.8
Marital Status																						
Married[7]	102,487	101,805	92.3	0.3	91.7	0.3	*–0.7	82.4	0.4	82.3	0.4	–0.1	13.2	0.3	12.6	0.3	*–0.6	7.7	0.3	8.3	0.3	*0.7
Widowed	3,331	3,385	87.5	1.4	86.3	1.6	–1.3	55.7	2.2	55.6	2.2	–0.1	36.7	2.2	34.9	2.2	–1.8	12.5	1.4	13.7	1.6	1.3
Divorced	19,241	18,683	87.7	0.7	87.0	0.7	–0.7	65.2	1.0	64.7	1.0	–0.4	25.9	0.9	25.3	1.0	–0.6	12.3	0.7	13.0	0.7	0.7
Separated	4,249	4,200	81.4	1.5	80.1	2.0	–1.3	53.6	2.0	52.4	2.3	–1.2	31.1	1.9	29.7	1.8	–1.4	18.6	1.5	19.9	2.0	1.3
Never married	64,629	65,475	84.8	0.4	84.0	0.5	*–0.8	64.9	0.6	64.7	0.6	–0.2	22.2	0.5	21.6	0.5	–0.6	15.2	0.4	16.0	0.5	*0.8
Total, 26 to 64 years old	164,126	164,250	89.5	0.2	88.7	0.3	*–0.8	74.4	0.4	74.2	0.4	–0.3	18.2	0.3	17.5	0.3	*–0.7	10.5	0.2	11.3	0.3	*0.8
Educational Attainment																						
No high school diploma	15,159	15,197	73.2	1.1	71.0	1.2	*–2.2	38.3	1.0	37.0	1.2	–1.2	37.8	1.1	36.9	1.3	–0.9	26.8	1.1	29.0	1.2	*2.2
High school graduate (includes equivalency)	44,774	44,573	86.0	0.5	85.1	0.5	*–0.9	65.3	0.6	64.3	0.7	*–1.0	24.5	0.6	24.4	0.6	–0.1	14.0	0.5	14.9	0.5	*0.9
Some college, no degree	26,179	24,977	89.9	0.5	89.3	0.6	–0.5	72.9	0.7	73.8	0.8	0.9	20.9	0.7	19.3	0.7	*–1.5	10.1	0.5	10.7	0.6	0.5
Associate's degree	17,683	17,735	91.7	0.6	91.0	0.6	–0.8	79.1	0.9	78.7	0.8	–0.3	16.2	0.7	15.8	0.7	–0.4	8.3	0.6	9.0	0.6	0.8
Bachelor's degree	38,441	39,255	94.4	0.4	93.8	0.3	*–0.7	87.6	0.5	87.2	0.5	–0.4	9.0	0.4	8.5	0.4	–0.5	5.6	0.4	6.2	0.3	*0.7
Graduate or professional degree	21,890	22,514	97.3	0.3	96.6	0.4	*–0.7	93.2	0.5	92.9	0.5	–0.4	6.0	0.5	5.7	0.4	–0.3	2.7	0.3	3.4	0.4	*0.7

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

[1] Details may not sum to totals because of rounding.

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <https://www2.census.gov/library/publications/2019/demo/p60-267sa.pdf>.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

[4] Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[5] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

[6] The sum of those with and without a disability does not equal the total because disability status is not defined for individuals in the U.S. armed forces.

[7] The combined category "married" includes three individual categories: "married, civilian spouse present," "married, U.S. armed forces spouse present," and "married, spouse absent."

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

marital status group, at 91.7 percent. People who were separated were the least likely to be insured (80.1 percent) (Table 3). In 2018, 84.0 percent of people who were never married, 86.3 percent of people who were widowed, and 87.0 percent of people who were divorced were covered by health insurance.[24]

Between 2017 and 2018, coverage decreased for married adults (by 0.7 percentage points) and for people who were never married (by 0.8 percentage points).[25] None of the remaining marital status groups had a statistically significant change in their rate of overall coverage during this time.

Health insurance coverage is also related to the highest level of education attained: people with higher levels of educational attainment are more likely to have health insurance coverage than people with less education. In 2018, 96.6 percent of the population aged 26 to 64 with a graduate or professional degree had health insurance coverage, compared with 93.8 percent of the population with a bachelor's degree, 85.1 percent of high school graduates, and 71.0 percent of the population with no high school diploma (Table 3).[26]

Between 2017 and 2018, four educational attainment groups experienced a decrease in their overall coverage rate: people with no high school diploma (2.2 percentage points), high school graduates (0.9 percentage points), people with a bachelor's degree (0.7 percentage points), and people with a graduate or professional degree (0.7 percentage points).[27] For high school graduates, this change was mainly driven by a 1.0 percentage-point decrease in private coverage to 64.3 percent. For the other three education categories with a decrease in overall coverage, neither private nor public coverage statistically changed between the two years.

Public coverage decreased by 1.5 percentage points to 19.3 percent for people with some college (no degree), but their overall coverage rate (89.3 percent) did not statistically change.[28]

Health Insurance Coverage by Household Income and Income-to-Poverty Ratio

In 2018, people in households with lower income had lower health insurance coverage rates than people in households with higher income. In 2018, 86.2 percent of people in households with an annual income of less than $25,000 had health insurance coverage, compared with 96.8 percent of people in households with income of $150,000 or more (Table 4).[29]

People in households with lower income also had lower rates of private coverage and higher rates of public coverage. For example, 24.7 percent of people in households with incomes below $25,000, the lowest income category, had private coverage in 2018, compared with 91.2 percent of people with incomes of $150,000 or more, the highest income category. Public coverage rates were 71.2 percent for the lowest category and 12.4 percent for the highest.

These differences in private and public coverage varied more for lower income groups than for higher income groups. The private health insurance coverage rate for people in households in the second-lowest income category (household income of $25,000 to $49,999) was 23.2 percentage points higher than the rate for the lowest income category (below $25,000). In contrast, the rate of private coverage for people in households with incomes in the highest income category ($150,000 or more) was 4.3 percentage points higher than for the second-highest income category (between $125,000 and $149,999). For public coverage, these differences were 17.8 percentage points for the lowest two categories and 3.6 percentage points for the highest two, with the lower groups having higher coverage rates.

The overall percentage of people with health insurance coverage decreased between 2017 and 2018 for four income groups: people in households with income of $50,000 to $74,999 (1.1 percentage points), people in households with income of $100,000 to $124,999 (0.7 percentage points), people in households with income of $125,000 to $149,999 (1.3 percentage points), and people in households with income of $150,000 or more (0.6 percentage points). These differences spanned from the middle to top of the income distribution and were not statistically different from one another.

Between 2017 and 2018, the percentage of people with private coverage decreased for four income groups across the income distribution. People in households with income of less than $25,000 had a decrease of 1.5 percentage points to 24.7 percent. The private coverage rate for people in households with income of $125,000 to $149,999 decreased

[24] In 2018, the coverage rate of people who were widowed was not statistically different from the coverage rate of people who were divorced.

[25] The change in the overall coverage rate for married adults was not statistically different from the change in the overall coverage rate for those who were never married.

[26] Educational attainment groups are defined based on the highest level of schooling an individual has attained.

[27] The change in overall coverage for people with no high school diploma was significantly different from the change in overall coverage for people with a bachelor's degree. The other decreases were not statistically different from one another.

[28] While overall coverage and private coverage did not statistically change for people with some college (no degree), their direct-purchase coverage and Medicaid coverage rates decreased and their employment-based coverage rate increased.

[29] The 2017 income estimates are inflation-adjusted and presented in 2018 dollars.

Table 4.

Percentage of People by Type of Health Insurance Coverage by Household Income and Income-to-Poverty Ratio: 2017 and 2018

(Numbers in thousands. Margins of error in percentage points. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>)

Characteristic	Total																				
			Any health insurance														Uninsured[5]				
								Private health insurance[3]					Public health insurance[4]								
	2017	2018	2017		2018		Change (2018 less 2017)[1,*]	2017		2018		Change (2018 less 2017)[1,*]	2017		2018		Change (2018 less 2017)[1,*]	2017		2018		Change (2018 less 2017)[1,*]
	Number	Number	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)		Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)		Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)		Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	
Total	**322,490**	**323,668**	**92.1**	**0.2**	**91.5**	**0.2**	***–0.5**	**67.7**	**0.3**	**67.3**	**0.4**	**–0.4**	**34.8**	**0.3**	**34.4**	**0.3**	***–0.4**	**7.9**	**0.2**	**8.5**	**0.2**	***0.5**
Household Income																						
Less than $25,000	45,388	43,320	86.7	0.6	86.2	0.6	–0.5	26.2	0.7	24.7	0.8	*–1.5	70.8	0.8	71.2	0.7	0.4	13.3	0.6	13.8	0.6	0.5
$25,000 to $49,999	61,072	59,133	87.8	0.5	87.7	0.5	–0.1	47.9	0.8	47.9	0.8	Z	53.8	0.7	53.4	0.8	–0.4	12.2	0.5	12.3	0.5	0.1
$50,000 to $74,999	53,665	55,304	90.3	0.5	89.3	0.5	*–1.1	67.2	0.8	65.9	0.8	*–1.2	34.6	0.7	35.9	0.8	*1.3	9.7	0.5	10.7	0.5	*1.1
$75,000 to $99,999	43,645	44,539	93.4	0.5	92.9	0.5	–0.5	79.0	0.8	78.5	0.8	–0.5	25.1	0.8	24.5	0.8	–0.6	6.6	0.5	7.1	0.5	0.5
$100,000 to $124,999	32,895	34,142	95.1	0.5	94.4	0.5	*–0.7	85.2	0.8	84.2	0.8	–1.0	19.0	0.8	19.0	0.8	–0.1	4.9	0.5	5.6	0.5	*0.7
$125,000 to $149,999	22,674	23,291	96.4	0.5	95.1	0.6	*–1.3	88.9	0.8	86.9	0.9	*–1.9	15.6	0.9	16.0	0.8	0.4	3.6	0.5	4.9	0.6	*1.3
$150,000 or more	63,151	63,939	97.4	0.2	96.8	0.3	*–0.6	92.4	0.4	91.2	0.4	*–1.2	12.4	0.5	12.4	0.5	Z	2.6	0.2	3.2	0.3	*0.6
Income-to-Poverty Ratio																						
Total, poverty universe	**321,907**	**323,172**	**92.1**	**0.2**	**91.5**	**0.2**	***–0.5**	**67.7**	**0.3**	**67.3**	**0.4**	**–0.4**	**34.7**	**0.3**	**34.3**	**0.3**	***–0.4**	**7.9**	**0.2**	**8.5**	**0.2**	***0.5**
Below 100 percent of poverty	39,431	38,056	84.1	0.7	83.7	0.6	–0.4	22.8	0.8	22.0	0.8	–0.8	66.8	1.0	66.8	0.9	Z	15.9	0.7	16.3	0.6	0.4
Below 138 percent of poverty	60,694	58,204	84.8	0.6	84.4	0.6	–0.4	25.7	0.7	24.7	0.7	*–1.0	65.7	0.8	65.8	0.7	0.1	15.2	0.6	15.6	0.6	0.4
Between 100 to 199 percent of poverty	55,850	55,302	87.0	0.6	86.4	0.6	–0.6	42.3	0.8	41.6	0.9	–0.8	55.0	0.8	54.4	0.8	–0.6	13.0	0.6	13.6	0.6	0.6
Between 200 to 299 percent of poverty	50,666	50,632	89.3	0.5	89.2	0.5	–0.1	63.5	0.9	64.4	0.8	0.9	37.3	0.8	36.2	0.8	*–1.1	10.7	0.5	10.8	0.5	0.1
Between 300 to 399 percent of poverty	42,721	43,624	92.9	0.5	91.9	0.4	*–1.0	76.4	0.8	75.1	0.8	*–1.3	27.2	0.7	27.7	0.7	0.5	7.1	0.5	8.1	0.4	*1.0
At or above 400 percent of poverty	133,239	135,559	97.3	0.2	96.6	0.2	*–0.8	90.5	0.2	89.2	0.3	*–1.3	18.1	0.3	18.5	0.3	0.4	2.7	0.2	3.4	0.2	*0.8

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

Z Represents or rounds to zero.

[1] Details may not sum to totals because of rounding.

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <https://www2.census.gov/library/publications/2019/demo/p60-267sa.pdf>.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

[4] Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[5] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

by 1.9 percentage points to 86.9 percent. People in households with income at or above $150,000 had a decrease of 1.2 percentage points to 91.2 percent. People in households with income of $50,000 to $74,999 had a 1.2 percentage-point decrease in private coverage to 65.9 percent, but also a 1.3 percentage-point increase in public coverage. The percentage of people with public coverage did not change for any other income group.[30]

[30] The change in private coverage for people in households with income of less than $25,000 was not statistically different from the change for people in households with income of $50,000 to $74,999, income of $125,000 to $149,999, and income at or above $150,000.

The change in private coverage for people in households with income of $50,000 to $74,999 was not statistically different from the change for people in households with income of $125,000 to $149,999 and income at or above $150,000.

The change in private coverage for people in households with income of $125,000 to $149,999 was not statistically different from the change for people in households with income at or above $150,000.

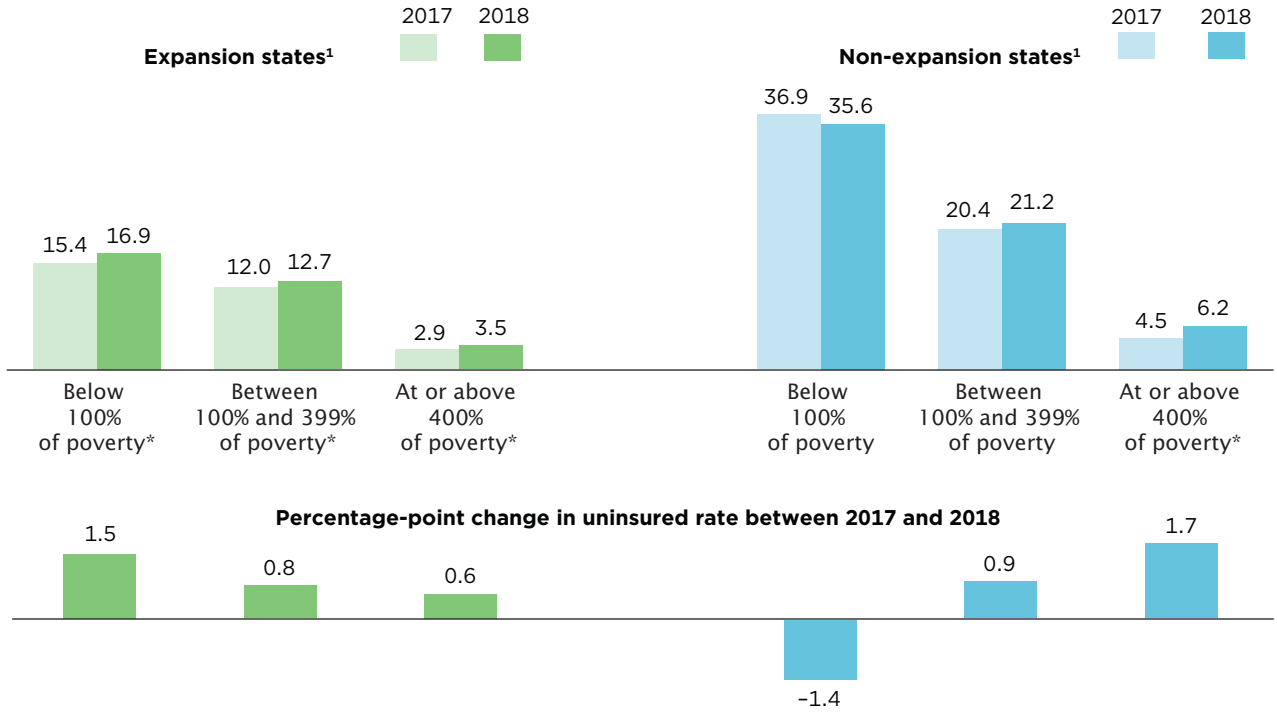
Another way to consider economic resources is to look at coverage by the income-to-poverty ratio. People in families are classified as being in poverty if their family income is less than their poverty threshold.[31] People who live alone or with nonrelatives have a poverty status that is defined

[31] The Office of Management and Budget determined the official definition of poverty in Statistical Policy Directive 14. Appendix B of the report Income and Poverty in the United States: 2018 provides a more detailed description of how the Census Bureau calculates poverty; see <www.census.gov/content/dam/Census/library/publications/2018/demo/p60-266.pdf>.

Figure 6.

Uninsured Rate by Poverty Status and Medicaid Expansion of State for Adults Aged 19 to 64: 2017 to 2018

(Civilian noninstitutionalized population)



* Denotes a statistically significant difference at the 90 percent level.

[1] Medicaid expansion status as of January 1, 2018. For a list of expansion and non-expansion states, see Table 6: Number and Percentage of People Without Health Insurance Coverage by State: 2017 to 2018.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the Current Population Survey, see <https://www2.census.gov/programs-surveys/cps/techdocs/cps/cpsmar19.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

Table 5.

Percentage of People by Type of Health Insurance Coverage by Selected Demographic Characteristics: 2017 and 2018

(Numbers in thousands. Margins of errors in percentage points. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>)

Characteristic	Total																				
	2017	2018	Any health insurance														Uninsured[5]				
			2017		2018		Change (2018 less 2017)[1,*]	Private health insurance[3]					Public health insurance[4]								
								2017		2018			2017		2018			2017		2018		
	Number	Number	Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)		Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)		Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)		Percent	Margin of error[2] (±)	Percent	Margin of error[2] (±)	
Total	**322,490**	**323,668**	**92.1**	**0.2**	**91.5**	**0.2**	***–0.5**	**67.7**	**0.3**	**67.3**	**0.4**	**–0.4**	**34.8**	**0.3**	**34.4**	**0.3**	***–0.4**	**7.9**	**0.2**	**8.5**	**0.2**	***0.5**
Family Status																						
In families	260,958	261,336	92.7	0.2	92.1	0.2	*–0.5	69.0	0.4	68.7	0.4	–0.3	33.3	0.3	32.9	0.4	*–0.4	7.3	0.2	7.9	0.2	*0.5
Householder	83,539	83,508	92.7	0.2	92.4	0.3	*–0.3	72.2	0.4	72.0	0.4	–0.2	34.6	0.4	34.4	0.4	–0.2	7.3	0.2	7.6	0.3	*0.3
Related children under age 18	71,971	71,750	95.2	0.3	94.7	0.3	*–0.4	61.8	0.6	62.0	0.7	0.2	36.8	0.6	35.6	0.7	*–1.2	4.8	0.3	5.3	0.3	*0.4
Related children under age 6	22,922	22,720	95.5	0.4	94.8	0.5	*–0.7	59.0	1.0	59.7	1.0	0.7	40.2	1.0	38.0	1.0	*–2.1	4.5	0.4	5.2	0.5	*0.7
In unrelated subfamilies	1,113	1,069	88.3	2.6	86.9	3.4	–1.4	53.1	4.9	50.0	5.1	–3.1	41.5	5.2	42.4	4.6	0.8	11.7	2.6	13.1	3.4	1.4
Unrelated individuals	60,419	61,264	89.6	0.4	88.9	0.4	*–0.6	62.4	0.7	61.5	0.6	–0.8	40.9	0.6	40.6	0.5	–0.3	10.4	0.4	11.1	0.4	*0.6
Residence																						
Inside metropolitan statistical areas	279,458	281,369	92.1	0.2	91.6	0.2	*–0.5	68.4	0.4	68.1	0.4	–0.3	33.6	0.3	33.2	0.4	–0.4	7.9	0.2	8.4	0.2	*0.5
Inside principal cities	103,823	104,716	90.4	0.4	90.4	0.4	Z	62.9	0.7	63.4	0.7	0.5	35.7	0.6	35.3	0.6	–0.5	9.6	0.4	9.6	0.4	Z
Outside principal cities	175,635	176,653	93.1	0.2	92.3	0.2	*–0.7	71.6	0.5	70.9	0.5	*–0.8	32.3	0.4	32.0	0.5	–0.3	6.9	0.2	7.7	0.2	*0.7
Outside metropolitan statistical areas[6]	43,032	42,300	91.9	0.5	90.9	0.7	*–1.0	62.9	1.1	62.0	1.3	–0.8	42.6	1.2	42.4	1.2	–0.2	8.1	0.5	9.1	0.7	*1.0
Race[7] and Hispanic Origin																						
White	247,193	247,472	92.3	0.2	91.8	0.2	*–0.6	69.9	0.4	69.3	0.4	*–0.5	34.1	0.3	33.8	0.3	–0.3	7.7	0.2	8.2	0.2	*0.6
White, not Hispanic	195,183	194,679	94.8	0.2	94.6	0.2	–0.2	75.1	0.4	74.8	0.4	–0.3	33.3	0.3	33.2	0.3	–0.1	5.2	0.2	5.4	0.2	0.2
Black	42,461	42,758	90.7	0.5	90.3	0.5	–0.4	55.5	1.0	55.4	1.1	–0.1	41.9	0.9	41.2	0.9	–0.7	9.3	0.5	9.7	0.5	0.4
Asian	19,498	19,770	93.6	0.7	93.2	0.6	–0.5	72.4	1.4	73.1	1.3	0.7	26.6	1.2	26.1	1.1	–0.5	6.4	0.7	6.8	0.6	0.5
Hispanic (any race)	59,033	59,925	83.8	0.6	82.2	0.6	*–1.6	50.7	0.9	49.6	1.0	*–1.1	37.5	0.7	36.5	0.8	*–1.0	16.2	0.6	17.8	0.6	*1.6
Nativity																						
Native-born	277,057	277,848	93.6	0.2	93.2	0.2	*–0.4	69.3	0.4	69.1	0.4	–0.2	35.4	0.3	34.9	0.3	*–0.5	6.4	0.2	6.8	0.2	*0.4
Foreign-born	45,433	45,820	82.6	0.6	81.1	0.6	*–1.6	57.7	0.8	56.0	0.9	*–1.6	30.9	0.8	31.2	0.7	0.2	17.4	0.6	18.9	0.6	*1.6
Naturalized citizen	21,880	22,296	92.2	0.6	91.2	0.6	*–0.9	65.4	1.0	64.0	1.0	–1.3	35.9	1.0	36.4	1.0	0.5	7.8	0.6	8.8	0.6	*0.9
Not a citizen	23,553	23,524	73.8	1.0	71.4	1.0	*–2.3	50.5	1.1	48.4	1.1	*–2.1	26.3	1.0	26.2	1.0	–0.1	26.2	1.0	28.6	1.0	*2.3

* Changes between the estimates are statistically different from zero at the 90 percent confidence level. Z Represents or rounds to zero.

[1] Details may not sum to totals because of rounding.

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <https://www2.census.gov/library/publications/2019/demo/p60-267sa.pdf>.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

[4] Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) and care provided by the Department of Veterans Affairs and the military.

[5] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

[6] The "Outside metropolitan statistical areas" category includes both micropolitan statistical areas and territory outside of metropolitan and micropolitan statistical areas. For more information, see "About Metropolitan and Micropolitan Statistical Areas" at <www.census.gov/programs-surveys/metro-micro.html>.

[7] Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group such as Asian may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This table shows data using the first approach (race alone). The use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as White and American Indian and Alaska Native or Asian and Black or African American, is available from the 2010 Census through American FactFinder. About 2.9 percent of people reported more than one race in the 2010 Census. Data for American Indians and Alaska Natives, Native Hawaiians and Other Pacific Islanders, and those reporting two or more races are not shown separately.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

based on their own income. The income-to-poverty ratio compares a family's or an unrelated individual's income with the applicable threshold.

Health insurance coverage is generally higher for people in higher income-to-poverty ratio groups. In 2018, people in poverty (the population living below 100 percent of poverty) were least likely to have health insurance coverage (83.7 percent), while people living at or above 400 percent of poverty were most likely to have coverage (96.6 percent) (Table 4). Between 2017 and 2018, overall health insurance coverage decreased 1.0 percentage point for people in families with income from 300 to 399 percent of poverty and 0.8 percentage points for people in families with income at or above 400 percent of poverty.[32] During this time, the overall health insurance coverage rate did not statistically change for any other income-to-poverty group.

Public coverage continued to be most prevalent for the population in poverty (66.8 percent) and least prevalent for the population with income-to-poverty ratios at or above 400 percent of poverty (18.5 percent) in 2018.

The prevalence of types of insurance changed for some income-to-poverty groups between 2017 and 2018. Private coverage decreased by 1.3 percentage points for people in families with income from 300 to 399 percent of poverty and people in families with income at or above 400 percent of poverty (to 75.1 percent and 89.2 percent, respectively).[33] During the same time, the public coverage rate decreased by 1.1 percentage points for people in families with income from 200 to 299 percent of poverty (to 36.2 percent).

The Affordable Care Act provided the option for states to expand Medicaid eligibility to people whose income-to-poverty ratio fell under a particular threshold. For adults aged 19 to 64, the relationship between poverty status, health insurance coverage in 2018, and the change in coverage between 2017 and 2018 may be related to the state of residence and whether or not that state expanded Medicaid eligibility (Figure 6).[34]

Changes in the uninsured rate between 2017 and 2018 varied by poverty status and state Medicaid expansion status. For people living at or above 400 percent of poverty, the uninsured rate increased in both states that expanded Medicaid eligibility on or before January 1, 2018 ("expansion states"), and in states that did not expand Medicaid eligibility ("non-expansion states"). The uninsured rate increased by 0.6 percentage points in expansion states (to 3.5 percent) and 1.7 percentage points for non-expansion states (to 6.2 percent) for this group. In non-expansion states, the uninsured rate did not change for any other poverty group. However, in expansion states, the uninsured rate increased by 1.5 percentage points for those living in poverty and by 0.8 percentage points for those living between 100 to 399 percent of poverty (to 16.9 percent and 12.7 percent, respectively).

Health Insurance Coverage by Selected Demographic Characteristics

Many people obtain health insurance coverage through a family member's plan. The Census Bureau classifies living arrangements into three types: families, unrelated subfamilies, and unrelated individuals.[35] Families are the largest of these categories (80.7 percent of the noninfant population in 2018), followed by unrelated individuals (18.9 percent), and unrelated subfamilies (0.3 percent).

In 2018, people living in families had a higher health insurance coverage rate (92.1 percent) than unrelated individuals (88.9 percent) and people living in unrelated subfamilies (86.9 percent) (Table 5).[36] Between 2017 and 2018, coverage decreased for people living in families (0.5 percentage points) and unrelated individuals (0.6 percentage points).[37] People living in families were the only group that experienced a change in public coverage during this time; their rate of public coverage decreased by 0.4 percentage points to 32.9 percent.[38] There were no statistically significant changes in the percentage of people

[32] The change in the overall coverage rate for people in families with income from 300 to 399 percent of poverty was not statistically different from the change in the overall coverage rate for people in families with income at or above 400 percent of poverty.

[33] The percentage-point change in the private coverage rate for people in families with income from 300 to 399 percent of poverty was not statistically different from the change in the private coverage rate for people in families with income at or above 400 percent of poverty.

[34] Thirty-one states and the District of Columbia expanded Medicaid eligibility on or before January 1, 2018. For a list of the states and their Medicaid expansion status as of January 1, 2018, see Table 6: Number and Percentage of People Without Health Insurance Coverage by State: 2017 and 2018.

[35] Families are defined as groups of two or more related people where one of them is the householder. Family members must be related by birth, marriage, or adoption and reside together. Unrelated subfamilies are family units that reside with, but are not related to, the householder. For example, unrelated subfamilies could include a married couple with or without children, or a single parent with one or more never-married children under 18 years old living in a household. An unrelated subfamily may also include people such as partners, roommates, or resident employees and their spouses and/or children. The number of unrelated subfamily members is included in the total number of household members, but is not included in the count of family members. The remainder of the population is classified as unrelated individuals.

[36] In 2018, the health insurance coverage rate of unrelated individuals was not statistically different from the coverage rate of people living in unrelated subfamilies.

[37] The change in overall coverage for people living in families was not statistically different from the change for unrelated individuals.

[38] The change in public coverage for people living in families was not statistically different from their change in overall coverage.

with private coverage in any of these three types of living arrangements.

In 2018, 94.6 percent of non-Hispanic Whites had health insurance coverage, higher than the coverage rate for Asians (93.2 percent), Blacks (90.3 percent), and Hispanics (82.2 percent) (Table 5).[39]

Hispanics, who had the lowest rate of overall health insurance coverage, also had the lowest rate of private coverage, at 49.6 percent. Non-Hispanic Whites were among the most likely to have private health insurance in 2018, at 74.8 percent.

In 2018, 73.1 percent of Asians and 55.4 percent of Blacks had private coverage.

Rates of public coverage followed a different pattern than private coverage rates. In 2018, the public coverage rate was the highest for Blacks (41.2 percent), followed by Hispanics (36.5 percent), and non-Hispanic Whites (33.2 percent). Asians had the lowest rate of health insurance coverage through public programs, at 26.1 percent in 2018.

Between 2017 and 2018, the overall health insurance coverage rate decreased by 1.6 percentage points for Hispanics, but did not statistically change for the other three race groups.[40] Hispanics experienced decreases in both their private coverage rate (1.1 percentage points) and public coverage rate (1.0 percentage point) between 2017 and 2018.[41]

Neither the rates of private coverage nor public coverage changed for any other race group during this time.

Health insurance status is also related to nativity. In 2018, the overall health insurance coverage rate for the native-born population (93.2 percent) was larger than that of the foreign-born population (81.1 percent), which includes naturalized citizens (91.2 percent) and noncitizens (71.4 percent) (Table 5). These coverage rates were all statistically lower than the rates in 2017.

Specifically, between 2017 and 2018, the percentage of the native-born population with health insurance coverage decreased by 0.4 percentage points. Public coverage decreased 0.5 percentage points for the native-born population, and private coverage did not statistically change.[42]

The foreign-born population experienced a 1.6 percentage-point decrease in their overall coverage. This was driven by a 1.6 percentage-point decrease in private coverage; the public coverage rate for the foreign-born population did not statistically change.[43]

State Estimates of Health Insurance Coverage

The ACS, which has a larger sample size than the CPS ASEC, provides an estimate of health insurance coverage at the time of the interview (see text box, "Health Insurance Coverage in the American Community Survey"). The larger sample size offers an

[39] Federal surveys give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group, such as Asian, may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian, regardless of whether they also reported another race (the race-alone-or-in-combination concept). The body of this report (text, figures, and tables) shows data using the first approach (race alone). Use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches.

In this report, the term "non-Hispanic White" refers to people who are not Hispanic and who reported White and no other race. The Census Bureau uses non-Hispanic Whites as the comparison group for other race groups and Hispanics.

Since Hispanics may be any race, data in this report for Hispanics overlap with data for race groups. Being Hispanic was reported by 15.7 percent of White householders who reported only one race, 5.3 percent of Black householders who reported only one race, and 2.0 percent of Asian householders who reported only one race.

Data users should exercise caution when interpreting aggregate results for the Hispanic population or for race groups because these populations consist of many distinct groups that differ in socioeconomic characteristics, culture, and nativity. For further information, see <www.census.gov/cps>.

[40] The small sample size of the Asian population and the fact that the CPS does not use separate population controls for weighting the Asian sample to national totals, contributes to the large variances surrounding estimates for this group. As a result, the CPS may be unable to detect statistically significant differences between some estimates for the Asian population. The ACS, based on a larger sample of the population, is a better source for estimating and identifying changes for small subgroups of the population.

[41] Changes in overall coverage, private coverage, and public coverage for Hispanics were not statistically different from one another.

[42] The change in overall coverage for the native-born population was not statistically different from their change in public coverage.

[43] The change in overall coverage for the foreign-born population was not statistically different from their change in private coverage.

opportunity to look at coverage rates for smaller geographies, such as for all 50 states and the District of Columbia.

During 2018, the percentage of people without health insurance at the time of interview ranged from 2.8 percent (Massachusetts) to 17.7 percent (Texas) (Figure 8 and Table 6).[44] Six states and the District of Columbia had an uninsured rate of less than 5.0 percent, and six states had an uninsured rate of 12.0 percent or more.[45] The remainder of states had uninsured rates between 5.0 percent and 11.9 percent in 2018.

Between 2017 and 2018, the percentage of people without health insurance coverage decreased in three states and increased in eight states (Figure 9 and Table 6). The magnitude of decreases were 1.8 percentage points (Wyoming), 0.5 percentage points (South Carolina), and 0.3 percentage points (New York).[46] All increases were 1.0 percentage-point or less. Thirty-nine states and the District of Columbia did not have a statistically significant change in their uninsured rate.[47]

[44] The percentage of people without health insurance coverage in Massachusetts (2.8 percent) was not statistically different from the percentage without coverage in the District of Columbia (3.2 percent).

[45] Consistent with Figure 8, classification into these categories is based on rounded uninsured rates.

[46] The percentage-point decreases in Wyoming, South Carolina, and New York were not statistically different from one another.

[47] After the release of the 2017 data products, the Census Bureau identified issues with data collection in Delaware. As a result, comparisons between 2017 and 2018 for Delaware are not made in this report. For more information, see <www.census.gov/programs-surveys/acs/technical-documentation/errata/120.html>.

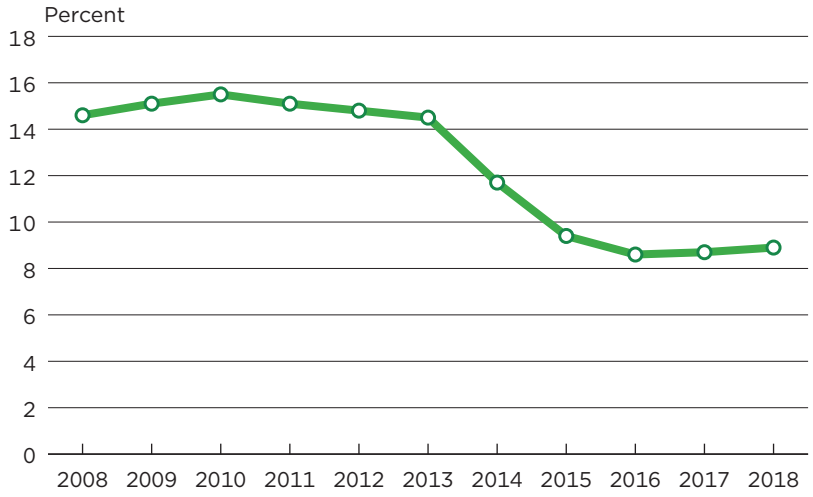
Health Insurance Coverage in the American Community Survey

This report presents state-level estimates of health insurance coverage using data from the American Community Survey (ACS). The ACS is an ongoing survey that collects comprehensive information on social, economic, and housing topics. Due to its large sample size, the ACS provides estimates at many levels of geography and for smaller population groups.

The ACS asks respondents to report their coverage at the time of interview, and the Census Bureau conducts the ACS throughout the year. The resulting measure of health coverage, therefore, reflects an annual average of current health insurance coverage status. This uninsured rate measures a different concept than the CPS ASEC measures.

The ACS also allows us to view uninsured rates over a longer time period than the CPS ASEC (see Appendix A). As measured by the ACS, uninsured rates remained relatively stable between 2008 and 2013, but decreased sharply by 2.8 percentage points between 2013 and 2014 (Figure 7). Uninsured rates then decreased by 2.3 percentage points between 2014 and 2015 and 0.8 percentage points between 2015 and 2017. Between 2017 and 2018, the uninsured rate increased by 0.1 percentage points.

Figure 7.
Uninsured Rate: 2008 to 2018



Note: Estimates reflect the population as of July of the calendar year. For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2018.pdf>.

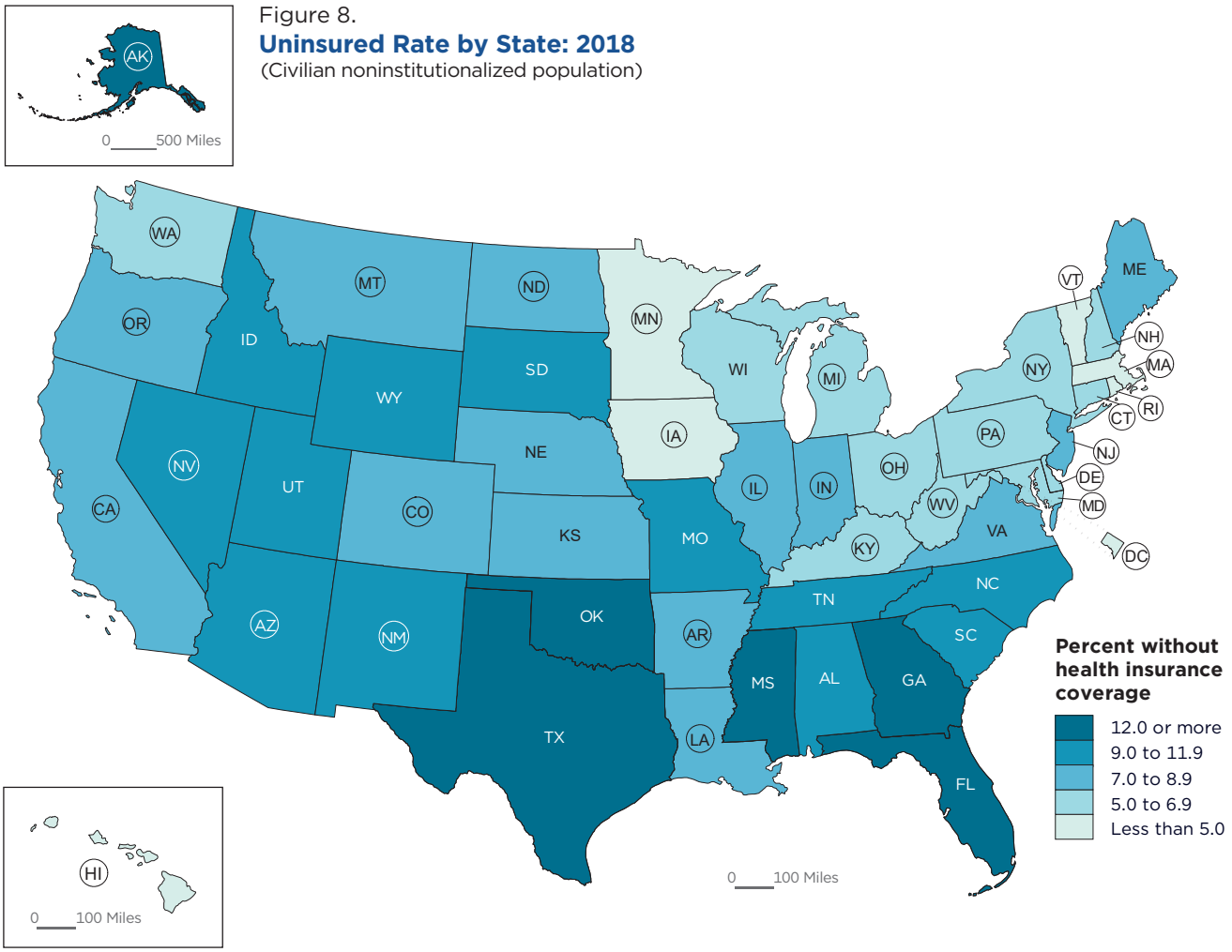
Source: U.S. Census Bureau, 2008 to 2018 American Community Surveys, 1-Year Estimates.

As part of the Patient Protection and Affordable Care Act, 31 states and the District of Columbia expanded Medicaid eligibility on or before January 1, 2018.

In general, the uninsured rate in states that expanded Medicaid eligibility prior to January 1, 2018, was lower than in states that did not expand eligibility (Figure 8). In states that expanded Medicaid eligibility ("expansion states"), the uninsured rate in 2018 was 6.6 percent, compared with 12.4 percent in states that did not expand Medicaid eligibility ("non-expansion states"). This rate is not statistically different from the 2017 rate for expansion states but is 0.2 percentage points higher than the 2017 rate in non-expansion states.

Many Medicaid expansion states had uninsured rates lower than the national average, while many non-expansion states had uninsured rates above the national average (Figure 9). In 2018, the uninsured rates by state ranged from 2.8 percent to 12.6 percent in expansion states, and from 5.5 percent to 17.7 percent in non-expansion states.

Figure 8.
Uninsured Rate by State: 2018
(Civilian noninstitutionalized population)



○ A state with a circle around its abbreviation expanded Medicaid eligibility on or before January 1, 2018.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2018.pdf>.

Source: U.S. Census Bureau, 2018 American Community Survey, 1-Year Estimates.

Table 6.

Number and Percentage of People Without Health Insurance Coverage by State: 2017 and 2018

(Numbers in thousands. Civilian noninstitutionalized population. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2018.pdf>)

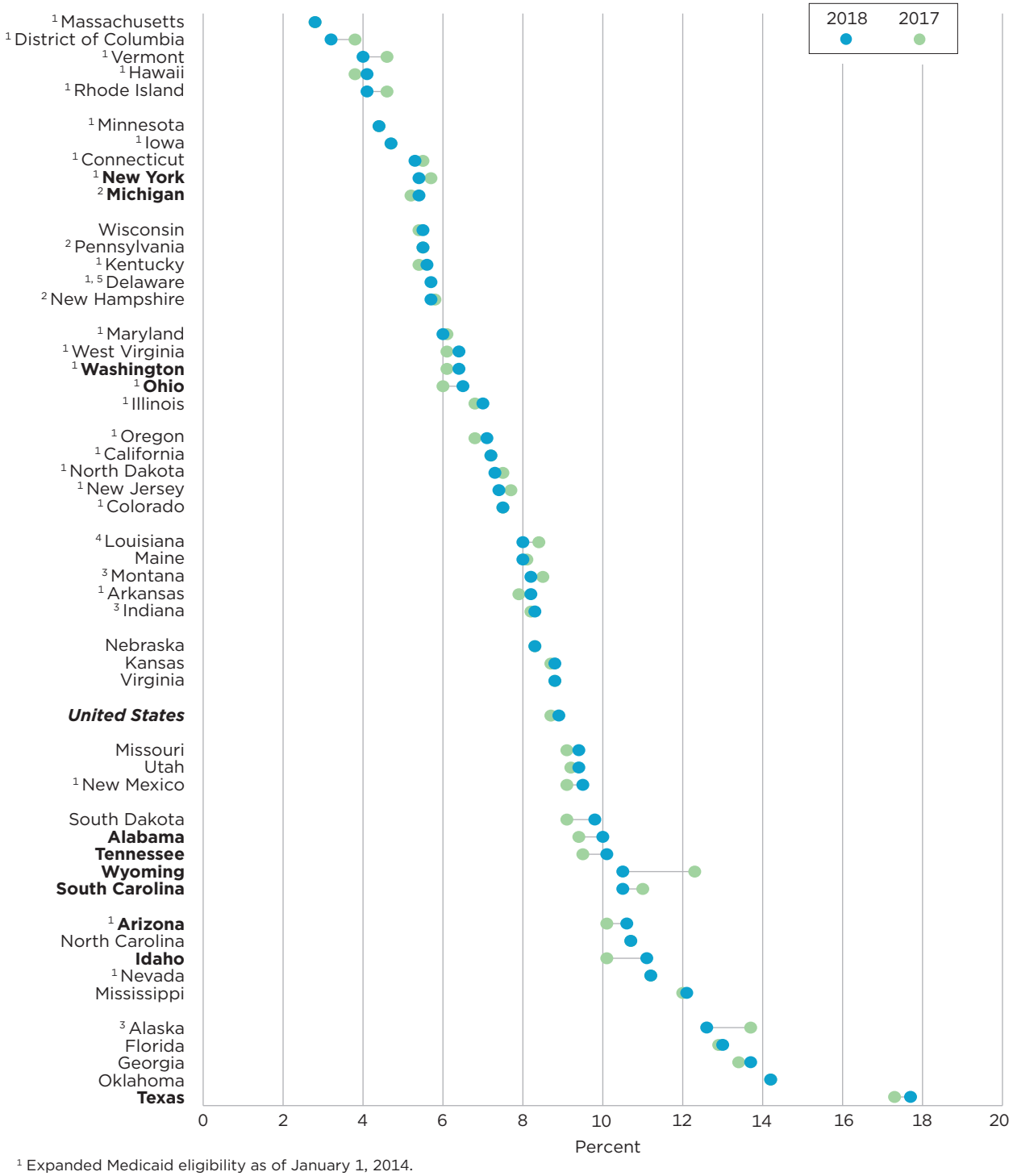
State	Medicaid expansion state?[1]	2017 uninsured				2018 uninsured				Difference in uninsured			
		Number	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Number	Margin of error[2] (±)	Percent	Margin of error[2] (±)	Number	Margin of error[2] (±)	Percent	Margin of error[2] (±)
United States . .		**28,019**	**188**	**8.7**	**0.1**	**28,554**	**182**	**8.9**	**0.1**	***535**	**262**	***0.1**	**0.1**
Alabama	No	449	16	9.4	0.3	481	15	10.0	0.3	*32	22	*0.6	0.5
Alaska	+Yes	98	6	13.7	0.8	90	6	12.6	0.9	–8	9	–1.0	1.2
Arizona	Yes	695	20	10.1	0.3	750	24	10.6	0.3	*55	31	*0.6	0.4
Arkansas	Yes	232	10	7.9	0.3	244	10	8.2	0.3	12	14	0.4	0.5
California	Yes	2,797	34	7.2	0.1	2,826	43	7.2	0.1	29	55	0.1	0.1
Colorado	Yes	414	13	7.5	0.2	422	17	7.5	0.3	8	22	Z	0.4
Connecticut	Yes	194	12	5.5	0.3	187	11	5.3	0.3	–7	16	–0.2	0.5
Delaware	Yes	N	N	N	N	54	6	5.7	0.7	N	N	N	N
District of Columbia	Yes	26	4	3.8	0.6	22	3	3.2	0.5	–4	5	–0.6	0.8
Florida	No	2,676	43	12.9	0.2	2,728	40	13.0	0.2	52	59	0.1	0.3
Georgia	No	1,375	29	13.4	0.3	1,411	29	13.7	0.3	36	41	0.2	0.4
Hawaii	Yes	53	5	3.8	0.4	56	5	4.1	0.4	3	7	0.2	0.5
Idaho	No	172	9	10.1	0.5	193	11	11.1	0.6	*21	14	*1.0	0.8
Illinois	Yes	859	23	6.8	0.2	875	22	7.0	0.2	15	32	0.2	0.3
Indiana	+Yes	536	18	8.2	0.3	545	19	8.3	0.3	9	26	0.1	0.4
Iowa	Yes	146	8	4.7	0.3	147	9	4.7	0.3	1	12	Z	0.4
Kansas	No	249	11	8.7	0.4	250	10	8.8	0.4	1	15	Z	0.5
Kentucky	Yes	235	12	5.4	0.3	248	11	5.6	0.3	12	17	0.3	0.4
Louisiana	#Yes	383	13	8.4	0.3	363	13	8.0	0.3	*–19	19	–0.4	0.4
Maine	No	107	6	8.1	0.5	106	6	8.0	0.5	–1	9	–0.1	0.7
Maryland	Yes	366	15	6.1	0.2	357	15	6.0	0.2	–9	21	–0.1	0.4
Massachusetts	Yes	190	10	2.8	0.1	189	11	2.8	0.2	–1	15	Z	0.2
Michigan	^Yes	510	15	5.2	0.2	535	14	5.4	0.1	*25	21	*0.2	0.2
Minnesota	Yes	243	11	4.4	0.2	244	10	4.4	0.2	2	14	Z	0.3
Mississippi	No	352	15	12.0	0.5	354	12	12.1	0.4	2	19	0.1	0.6
Missouri	No	548	17	9.1	0.3	566	18	9.4	0.3	18	24	0.3	0.4
Montana	+Yes	88	6	8.5	0.5	86	5	8.2	0.5	–2	8	–0.2	0.7
Nebraska	No	157	7	8.3	0.4	158	8	8.3	0.4	1	11	Z	0.6
Nevada	Yes	333	13	11.2	0.4	336	13	11.2	0.4	4	18	Z	0.6
New Hampshire	^Yes	77	5	5.8	0.4	77	5	5.7	0.4	Z	7	–0.1	0.5
New Jersey	Yes	688	17	7.7	0.2	655	21	7.4	0.2	*–33	27	–0.3	0.3
New Mexico	Yes	187	12	9.1	0.6	196	12	9.5	0.6	9	17	0.4	0.8
New York	Yes	1,113	27	5.7	0.1	1,041	24	5.4	0.1	*–72	36	*–0.3	0.2
North Carolina	No	1,076	24	10.7	0.2	1,092	25	10.7	0.2	16	34	Z	0.3
North Dakota	Yes	56	5	7.5	0.6	54	4	7.3	0.6	–2	6	–0.3	0.9
Ohio	Yes	686	22	6.0	0.2	744	20	6.5	0.2	*58	30	*0.5	0.3
Oklahoma	No	545	12	14.2	0.3	548	13	14.2	0.3	3	17	Z	0.5
Oregon	Yes	281	12	6.8	0.3	293	13	7.1	0.3	12	17	0.2	0.4
Pennsylvania	^Yes	692	21	5.5	0.2	699	17	5.5	0.1	7	27	0.1	0.2
Rhode Island	Yes	48	4	4.6	0.4	42	5	4.1	0.5	–6	7	–0.5	0.6
South Carolina	No	542	17	11.0	0.3	522	19	10.5	0.4	–19	25	*–0.5	0.5
South Dakota	No	77	5	9.1	0.6	85	5	9.8	0.6	*7	7	0.7	0.8
Tennessee	No	629	19	9.5	0.3	675	21	10.1	0.3	*46	28	*0.6	0.4
Texas	No	4,817	48	17.3	0.2	5,003	60	17.7	0.2	*186	77	*0.4	0.3
Utah	No	282	12	9.2	0.4	295	17	9.4	0.5	14	21	0.3	0.7
Vermont	Yes	28	3	4.6	0.4	25	3	4.0	0.5	–3	4	–0.5	0.6
Virginia	No	729	21	8.8	0.3	731	21	8.8	0.3	2	30	Z	0.4
Washington	Yes	446	15	6.1	0.2	477	15	6.4	0.2	*31	21	*0.3	0.3
West Virginia	Yes	109	7	6.1	0.4	114	8	6.4	0.4	5	11	0.3	0.6
Wisconsin	No	309	11	5.4	0.2	313	11	5.5	0.2	4	15	Z	0.3
Wyoming	No	70	7	12.3	1.2	59	5	10.5	0.9	*–10	8	*–1.8	1.5

* Statistically different from zero at the 90 percent confidence level.
^ Expanded Medicaid eligibility after January 1, 2014, and on or before January 1, 2015.
\+ Expanded Medicaid eligibility after January 1, 2015, and on or before January 1, 2016.
\# Expanded Medicaid eligibility after January 1, 2016, and on or before January 1, 2017.
N Not available or not comparable. After the release of the 2017 data products, the Census Bureau identified issues with data collection in Delaware. As a result, 2017 estimates for Delaware are omitted from this table. For more information, see <www.census.gov/programs-surveys/acs/technical-documentation/errata/120.html>.
Z Represents or rounds to zero.
[1] Medicaid expansion status as of January 1, 2018. For more information, see <www.medicaid.gov/state-overviews/index.html>.
[2] Data are based on a sample and are subject to sampling variability. A margin of error is a measure of an estimate's variability. The larger the margin of error is in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval.
Note: Differences are calculated with unrounded numbers, which may produce different results from using the rounded values in the table.
Source: U.S. Census Bureau, 2017 and 2018 American Community Survey, 1-Year Estimates.

Figure 9.

Change in the Uninsured Rate by State: 2017 and 2018

(Civilian noninstitutionalized population. States with names in bold experienced a statistically significant change between 2017 and 2018)



[1] Expanded Medicaid eligibility as of January 1, 2014.
[2] Expanded Medicaid eligibility after January 1, 2014, and on or before January 1, 2015.
[3] Expanded Medicaid eligibility after January 1, 2015, and on or before January 1, 2016.
[4] Expanded Medicaid eligibility after January 1, 2016, and on or before January 1, 2017.
[5] After the release of the 2017 data products, the Census Bureau identified issues with data collection in Delaware. As a result, 2017 estimates for Delaware are omitted from this figure. For more information, see <www.census.gov/programs-surveys/acs/technical-documentation/errata/120.html>.
Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2018.pdf>.
Source: U.S. Census Bureau, 2017 and 2018 American Community Survey, 1-Year Estimates.

More Information About Health Insurance Coverage

Additional Data and Contacts

Detailed tables, historical tables, press releases, and briefings are available on the Census Bureau's Health Insurance Web site. The Web site can be accessed at <www.census.gov/topics/health/health-insurance.html>.

Microdata are available for download on the Census Bureau's Web site. Disclosure protection techniques have been applied to CPS microdata to protect respondent confidentiality.

State and Local Estimates of Health Insurance Coverage

The Census Bureau publishes annual estimates of health insurance coverage by state and other smaller geographic units based on data collected in the ACS. Single-year estimates are available for geographic units with populations of 65,000 or more. Five-year estimates are available for all geographic units, including census tracts and block groups.

The Census Bureau's Small Area Health Insurance Estimates (SAHIE) program also produces single-year estimates of health insurance for states and all counties. These estimates are based on models using data from a variety of sources, including current surveys, administrative records, and intercensal population estimates. In general, SAHIE estimates have lower variances than ACS estimates but are released later because they incorporate these additional data into their models.

SAHIE are available at <www.census.gov/programs-surveys/sahie.html>. The most recent estimates are for 2017.

Comments

The Census Bureau welcomes the comments and advice of data and report users. If you have suggestions or comments on the health insurance coverage report, please write to:

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Sources of Estimates

The majority of the estimates in this report are from the 2018 Current Population Survey Annual Social and Economic Supplement (CPS ASEC) Bridge File and the 2019 CPS ASEC. Data were collected in the 50 states and the District of Columbia.[48] These data do not represent residents of Puerto Rico and the U.S. Island Areas.[49] These data are based on a sample of about 95,000 addresses. The estimates in this report are controlled to independent national population estimates by age, sex, race, and Hispanic origin for March of the year in which the data are collected. Beginning with 2010, estimates are based on 2010 Census population counts and are updated annually taking into account births, deaths, emigration, and immigration.

The CPS is a household survey primarily used to collect employment data. The sample universe for the basic CPS consists of the resident civilian noninstitutionalized population of the United States. People in institutions, such as prisons, long-term care hospitals, and nursing homes are not eligible to be interviewed in the CPS. Students living in dormitories are included in the estimates only if information about them is reported in an interview at their parents' home. Since the CPS is a household survey, people who are homeless and not living in shelters are not included in the sample. The sample universe for the CPS ASEC is slightly larger than that of the basic CPS since it includes military personnel who live in a household with at least one other civilian adult, regardless of whether they live off post or on post. All other armed forces are excluded. For further documentation about the CPS ASEC, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>.

Additional estimates in this report are from the American Community Survey (ACS). The ACS is an ongoing, nationwide survey designed to provide demographic, social, economic, and housing data at different levels of geography. While the ACS includes Puerto Rico and the group quarters population, the ACS data in this report focus on the civilian noninstitutionalized population of the United States (excluding Puerto Rico and some people living in group quarters). It has an annual sample size of about 3.5 million addresses. For information on the ACS sample design and other topics, visit <www.census.gov/programs-surveys/acs/>.

Statistical Accuracy

The estimates in this report (which may be shown in text, figures, and tables) are based on responses from a sample of the population. Sampling error is the uncertainty between an

[48] For more information on the 2018 CPS ASEC Bridge File, see Appendix A.

[49] The U.S. Island Areas include American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, and the Virgin Islands of the United States.

estimate based on a sample and the corresponding value that would be obtained if the estimate were based on the entire population (as from a census). All comparative statements in this report have undergone statistical testing, and comparisons are significant at the 90 percent confidence level unless otherwise noted. Data are subject to error arising from a variety of sources. Measures of sampling error are provided in the form of margins of error, or confidence intervals, for all estimates included in this report. In addition to sampling error, nonsampling error may be introduced during any of the operations used to collect and process survey data, such as editing, reviewing, or keying data from questionnaires. In this report, the variances of estimates were calculated using the Fay and Train (1995) Successive Difference Replication (SDR) method.

Most of the data from the 2019 CPS ASEC were collected in March (with some data collected in February and April). Each year, the CPS ASEC sample ranges between 92,000 and 100,000 addresses. In 2019, the CPS ASEC sample had 95,000 addresses. Further information about the source and accuracy of the CPS ASEC estimates is available at <https://www2.census.gov/library/publications/2019/demo/p60-267sa.pdf>.

The remaining data presented in this report are based on the ACS sample collected from January 2018 through December 2018. For more information on sampling and estimation methods, confidentiality protection, and sampling and nonsampling errors, please see the 2018 ACS Accuracy of the Data document located at <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2018.pdf>.

Appendix Table 1.

Number of People by Type of Health Insurance Coverage by Age: 2017 and 2018

(Numbers in thousands. Margins of error in thousands. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>)

Characteristic	Total																				
			Any health insurance														Uninsured[5]				
								Private health insurance[3]					Public health insurance[4]								
	2017	2018	2017		2018			2017		2018			2017		2018			2017		2018		
	Number	Number	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2018 less 2017)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2018 less 2017)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2018 less 2017)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2018 less 2017)[1,*]
Total	**322,490**	**323,668**	**296,890**	**622**	**296,206**	**641**	**-684**	**218,209**	**1,129**	**217,780**	**1,222**	**-430**	**112,151**	**928**	**111,330**	**962**	**-821**	**25,600**	**596**	**27,462**	**630**	***1,862**
Age																						
Under age 65	271,424	270,881	246,320	616	243,910	671	*–2,410	190,775	1,001	190,109	1,173	–666	64,059	883	61,683	929	*–2,377	25,104	575	26,971	619	*1,867
Under age 19[6]	77,487	77,333	73,631	285	73,052	284	*–579	47,743	509	47,817	541	74	28,636	482	27,578	529	*–1,057	3,856	235	4,281	222	*425
Aged 19 to 64	193,937	193,548	172,689	511	170,857	577	*–1,831	143,032	725	142,291	795	–740	35,424	590	34,104	610	*–1,319	21,248	455	22,690	521	*1,442
Aged 19 to 25[7]	29,811	29,297	25,741	301	25,105	252	*–636	20,873	304	20,492	300	–380	5,606	205	5,366	212	–240	4,070	183	4,192	195	122
Aged 26 to 34	40,222	40,768	34,600	301	35,082	273	*482	28,311	340	29,084	355	*773	7,450	249	7,127	239	*–323	5,621	202	5,686	214	65
Aged 35 to 44	40,662	41,027	36,013	182	35,915	209	–98	30,480	258	30,252	261	–228	6,624	227	6,665	213	42	4,649	181	5,112	207	*463
Aged 45 to 64	83,242	82,455	76,334	312	74,754	344	*–1,580	63,367	422	62,462	450	*–905	15,743	353	14,945	356	*–798	6,908	273	7,701	254	*792
Aged 65 and older	51,066	52,788	50,570	212	52,296	261	*1,726	27,435	471	27,671	411	236	48,092	241	49,647	280	*1,556	496	69	491	66	–4

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

[1] Details may not sum to totals because of rounding.

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <https://www2.census.gov/library/publications/2019/demo/p60-267sa.pdf>.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

[4] Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[5] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

[6] Children under the age of 19 are eligible for Medicaid/CHIP.

[7] Individuals aged 19 to 25 years may be eligible to be a dependent on a parent's health insurance plan.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement..

Appendix Table 2.

Number of People by Type of Health Insurance Coverage for Selected Ages and Characteristics: 2017 and 2018

(Numbers in thousands. Margins of error in thousands. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>)

Characteristic	Total																				
			Any health insurance														Uninsured[5]				
								Private health insurance[3]					Public health insurance[4]								
			2017		2018			2017		2018			2017		2018			2017		2018		
	2017	2018		Margin of error[2]		Margin of error[2]	Change (2018 less 2017)[1,*]		Margin of error[2]		Margin of error[2]	Change (2018 less 2017)[1,*]		Margin of error[2]		Margin of error[2]	Change (2018 less 2017)[1,*]		Margin of error[2]		Margin of error[2]	Change (2018 less 2017)[1,*]
	Number	Number	Number	(±)	Number	(±)		Number	(±)	Number	(±)		Number	(±)	Number	(±)		Number	(±)	Number	(±)	
Total	**322,490**	**323,668**	**296,890**	**622**	**296,206**	**641**	**–684**	**218,209**	**1,129**	**217,780**	**1,222**	**–430**	**112,151**	**928**	**111,330**	**962**	**–821**	**25,600**	**596**	**27,462**	**630**	***1,862**
Total, 15 to 64 years old	211,093	210,794	188,808	525	186,905	609	*–1,904	154,406	779	153,467	878	–939	40,796	629	39,539	672	*–1,257	22,284	482	23,889	549	*1,605
Disability Status[6]																						
With a disability	15,683	15,438	14,363	347	13,962	339	–401	7,207	243	6,907	223	–299	8,387	279	8,323	285	–64	1,320	103	1,476	114	*156
With no disability	194,458	194,434	173,496	576	172,021	700	*–1,474	146,250	743	145,638	879	–611	32,368	536	31,195	581	*–1,173	20,963	474	22,413	525	*1,450
Work Experience																						
All workers	154,657	155,221	139,401	694	138,618	693	*–783	125,003	767	124,941	787	–62	18,130	362	17,210	371	*–920	15,256	365	16,602	426	*1,347
Worked full-time, year-round	109,932	111,950	100,445	674	101,329	707	*884	94,267	708	95,296	739	*1,028	8,335	238	8,013	241	*–322	9,487	273	10,621	341	*1,133
Worked less than full-time, year-round	44,725	43,271	38,956	534	37,290	440	*–1,667	30,736	506	29,645	428	*–1,091	9,795	257	9,197	264	*–598	5,768	240	5,982	232	213
Did not work at least 1 week	56,436	55,573	49,407	586	48,286	545	*–1,121	29,403	447	28,526	484	*–877	22,666	486	22,329	460	–337	7,028	288	7,286	248	258
Total, 19 to 64 years old	193,937	193,548	172,689	511	170,857	577	*–1,831	143,032	725	142,291	795	–740	35,424	590	34,104	610	*–1,319	21,248	455	22,690	521	*1,442
Marital Status																						
Married[7]	102,487	101,805	94,646	795	93,342	827	*–1,304	84,407	770	83,769	815	–638	13,547	367	12,812	359	*–735	7,841	271	8,463	309	*622
Widowed	3,331	3,385	2,916	145	2,921	144	5	1,855	120	1,882	115	27	1,222	89	1,182	92	–40	415	56	464	59	49
Divorced	19,241	18,683	16,877	387	16,255	419	*–623	12,540	341	12,093	334	*–447	4,983	199	4,719	222	*–264	2,364	145	2,428	125	64
Separated	4,249	4,200	3,459	157	3,365	164	–94	2,279	137	2,201	133	–77	1,322	92	1,249	94	–73	790	76	835	92	45
Never married	64,629	65,475	54,791	565	54,976	608	185	41,952	504	42,347	554	395	14,349	388	14,142	346	–207	9,838	286	10,500	331	*662
Total, 26 to 64 years old	164,126	164,250	146,948	507	145,752	506	*–1,195	122,159	683	121,799	708	–360	29,817	539	28,738	541	*–1,079	17,178	404	18,498	447	*1,320
Educational Attainment																						
No high school diploma	15,159	15,197	11,096	318	10,785	301	–311	5,804	209	5,629	224	–175	5,733	220	5,611	232	–122	4,063	181	4,412	221	*348
High school graduate (includes equivalency)	44,774	44,573	38,505	587	37,952	607	–553	29,216	498	28,646	534	–570	10,968	326	10,881	309	–87	6,269	234	6,622	235	*353
Some college, no degree	26,179	24,977	23,523	402	22,316	430	*–1,207	19,078	352	18,423	392	*–655	5,467	212	4,829	202	*–638	2,656	139	2,661	152	4
Associate's degree	17,683	17,735	16,222	339	16,131	378	–91	13,979	326	13,958	354	–21	2,864	139	2,799	140	–65	1,461	114	1,603	116	143
Bachelor's degree	38,441	39,255	36,298	582	36,811	557	513	33,671	581	34,235	546	563	3,468	171	3,330	159	–138	2,143	139	2,443	134	*301
Graduate or professional degree	21,890	22,514	21,303	434	21,756	428	453	20,411	433	20,908	429	497	1,317	102	1,288	97	–29	587	66	757	81	*170

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

[1] Details may not sum to totals because of rounding.

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <https://www2.census.gov/library/publications/2019/demo/p60-267sa.pdf>.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

[4] Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[5] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

[6] The sum of those with and without a disability does not equal the total because disability status is not defined for individuals in the U.S. armed forces.

[7] The combined category "married" includes three individual categories: "married, civilian spouse present," "married, U.S. armed forces spouse present," and "married, spouse absent."

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

Appendix Table 3.

Number of People by Type of Health Insurance Coverage by Household Income and Income-to-Poverty Ratio: 2017 and 2018

(Numbers in thousands. Margins of error in thousands. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>)

Characteristic	Total																				
			Any health insurance														Uninsured[5]				
								Private health insurance[3]					Public health insurance[4]								
	2017	2018	2017		2018			2017		2018			2017		2018			2017		2018		
	Number	Number	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2018 less 2017)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2018 less 2017)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2018 less 2017)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2018 less 2017)[1,*]
Total	**322,490**	**323,668**	**296,890**	**622**	**296,206**	**641**	**–684**	**218,209**	**1,129**	**217,780**	**1,222**	**–430**	**112,151**	**928**	**111,330**	**962**	**–821**	**25,600**	**596**	**27,462**	**630**	***1,862**
Household Income																						
Less than $25,000	45,388	43,320	39,359	793	37,345	711	*–2,014	11,886	406	10,704	351	*–1,182	32,149	695	30,840	663	*–1,310	6,029	294	5,976	274	–54
$25,000 to $49,999	61,072	59,133	53,624	1,013	51,878	959	*–1,746	29,254	653	28,319	690	*–935	32,842	759	31,587	712	*–1,254	7,448	329	7,255	335	–193
$50,000 to $74,999	53,665	55,304	48,483	853	49,365	876	881	36,052	689	36,468	679	416	18,584	533	19,848	572	*1,264	5,182	299	5,939	319	*757
$75,000 to $99,999	43,645	44,539	40,781	815	41,377	840	596	34,501	688	34,967	739	465	10,954	443	10,929	426	–25	2,864	202	3,162	214	*298
$100,000 to $124,999	32,895	34,142	31,271	833	32,217	844	946	28,030	759	28,748	753	718	6,255	321	6,471	322	216	1,624	155	1,924	181	*301
$125,000 to 149,999	22,674	23,291	21,862	655	22,148	644	287	20,153	612	20,250	601	97	3,537	237	3,718	229	182	812	104	1,143	135	*331
$150,000 or more	63,151	63,939	61,509	1,114	61,876	1,161	367	58,333	1,076	58,324	1,116	–9	7,830	340	7,937	338	107	1,641	155	2,063	180	*422
Income-to-Poverty Ratio																						
Total, poverty universe	**321,907**	**323,172**	**296,348**	**632**	**295,757**	**643**	**–591**	**218,045**	**1,135**	**217,620**	**1,222**	**–424**	**111,713**	**923**	**110,993**	**961**	**–720**	**25,558**	**595**	**27,415**	**628**	***1,857**
Below 100 percent of poverty	39,431	38,056	33,168	768	31,844	696	*–1,324	8,979	388	8,357	319	*–622	26,349	665	25,433	650	*–915	6,263	316	6,212	278	–51
Below 138 percent of poverty	60,694	58,204	51,469	921	49,122	783	*–2,347	15,575	485	14,352	419	*–1,222	39,880	809	38,279	748	*–1,601	9,225	399	9,082	361	–144
Between 100 and 199 percent of poverty	55,850	55,302	48,591	966	47,783	936	–807	23,641	603	22,986	660	–655	30,727	756	30,069	692	–658	7,260	331	7,519	354	259
Between 200 and 299 percent of poverty	50,666	50,632	45,260	813	45,162	778	–98	32,185	664	32,596	701	411	18,876	561	18,318	458	–558	5,406	249	5,469	292	64
Between 300 and 399 percent of poverty	42,721	43,624	39,671	841	40,078	719	407	32,627	710	32,768	640	141	11,607	406	12,071	356	464	3,050	201	3,546	203	*496
At or above 400 percent of poverty	133,239	135,559	129,659	1,400	130,890	1,237	1,231	120,613	1,325	120,913	1,212	301	24,155	491	25,102	468	*947	3,581	217	4,669	239	*1,088

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

[1] Details may not sum to totals because of rounding.

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <https://www2.census.gov/library/publications/2019/demo/p60-267sa.pdf>.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

[4] Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[5] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement..

Appendix Table 4.

Number of People by Type of Health Insurance Coverage by Selected Demographic Characteristics: 2017 and 2018

(Numbers in thousands. Margins of errors in thousands. Population as of March of the following year. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar19.pdf>)

Characteristic	Total																					
			Any health insurance														Uninsured[5]					
	2017	2018	2017		2018			Private health insurance[3]					Public health insurance[4]									
								2017		2018			2017		2018			2017		2018		
	Number	Number	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2018 less 2017)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2018 less 2017)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2018 less 2017)[1,*]	Number	Margin of error[2] (±)	Number	Margin of error[2] (±)	Change (2018 less 2017)[1,*]
Total	**322,490**	**323,668**	**296,890**	**622**	**296,206**	**641**	**–684**	**218,209**	**1,129**	**217,780**	**1,222**	**–430**	**112,151**	**928**	**111,330**	**962**	**–821**	**25,600**	**596**	**27,462**	**630**	***1,862**
Family Status																						
In families	260,958	261,336	241,786	998	240,796	1,017	–990	179,945	1,172	179,546	1,235	–399	86,957	933	85,995	1,009	–961	19,172	557	20,540	551	*1,368
Householder	83,539	83,508	77,427	465	77,131	475	–295	60,319	453	60,097	462	–222	28,865	411	28,723	368	–143	6,112	190	6,376	217	*265
Related children under age 18	71,971	71,750	68,509	283	67,976	297	*–533	44,479	486	44,514	522	35	26,520	459	25,553	509	*–967	3,462	220	3,774	209	*312
Related children under age 6	22,922	22,720	21,896	145	21,536	145	*–359	13,521	233	13,555	225	34	9,204	225	8,634	240	*–569	1,027	92	1,183	107	*157
In unrelated subfamilies	1,113	1,069	983	122	929	114	–54	591	90	534	81	–57	462	84	453	74	–9	131	31	141	38	10
Unrelated individuals	60,419	61,264	54,121	782	54,482	789	360	37,673	674	37,700	623	27	24,732	465	24,882	475	150	6,297	247	6,782	263	*485
Residence																						
Inside metropolitan statistical areas	279,458	281,369	257,348	2,610	257,764	2,584	416	191,153	2,205	191,539	2,141	386	93,824	1,411	93,410	1,507	–414	22,110	644	23,605	592	*1,495
Inside principal cities	103,823	104,716	93,869	1,877	94,638	1,825	770	65,315	1,540	66,355	1,484	1,040	37,078	948	36,919	905	–159	9,955	432	10,078	463	123
Outside principal cities	175,635	176,653	163,480	2,458	163,126	2,373	–354	125,838	2,039	125,185	1,934	–653	56,746	1,145	56,491	1,263	–255	12,155	467	13,527	446	*1,372
Outside metropolitan statistical areas[6]	43,032	42,300	39,542	2,558	38,442	2,404	*–1,100	27,057	1,742	26,240	1,713	*–816	18,327	1,342	17,920	1,249	–406	3,490	314	3,857	397	*367
Race[7] and Hispanic Origin																						
White	247,193	247,472	228,272	500	227,127	527	*–1,145	172,717	916	171,563	993	–1,154	84,311	744	83,728	821	–582	18,921	470	20,345	548	*1,423
White, not Hispanic	195,183	194,679	185,061	395	184,107	413	*–954	146,522	842	145,560	812	–962	65,000	678	64,676	676	–324	10,122	346	10,571	406	449
Black	42,461	42,758	38,525	212	38,618	212	93	23,575	435	23,705	466	130	17,779	397	17,598	401	–182	3,936	208	4,141	206	205
Asian	19,498	19,770	18,257	237	18,422	235	165	14,124	300	14,456	309	332	5,187	247	5,155	221	–32	1,241	130	1,348	125	107
Hispanic (any race)	59,033	59,925	49,469	363	49,236	352	–232	29,928	520	29,749	571	–179	22,113	398	21,871	469	–242	9,565	356	10,688	354	*1,124
Nativity																						
Native-born	277,057	277,848	259,349	819	259,061	802	–288	192,014	1,098	192,111	1,232	97	98,106	905	97,056	944	–1,050	17,708	482	18,787	521	*1,079
Foreign-born	45,433	45,820	37,541	641	37,145	603	–396	26,195	556	25,668	512	–527	14,045	401	14,274	404	229	7,892	325	8,675	325	*783
Naturalized citizen	21,880	22,296	20,162	466	20,340	436	178	14,300	409	14,275	372	–25	7,848	275	8,118	272	270	1,717	127	1,956	136	*239
Not a citizen	23,553	23,524	17,379	447	16,805	454	*–574	11,895	359	11,393	355	*–502	6,197	280	6,156	282	–41	6,174	279	6,719	295	*545

* Changes between the estimates are statistically different from zero at the 90 percent confidence level.

[1] Details may not sum to totals because of rounding.

[2] A margin of error (MOE) is a measure of an estimate's variability. The larger the MOE in relation to the size of the estimate, the less reliable the estimate. This number, when added to and subtracted from the estimate, forms the 90 percent confidence interval. MOEs shown in this table are based on standard errors calculated using replicate weights. For more information, see "Standard Errors and Their Use" at <https://www2.census.gov/library/publications/2019/demo/p60-267sa.pdf>.

[3] Private health insurance includes coverage provided through an employer or union, coverage purchased directly, or TRICARE.

[4] Public health insurance coverage includes Medicaid, Medicare, CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), and care provided by the Department of Veterans Affairs and the military.

[5] Individuals are considered to be uninsured if they do not have health insurance coverage for the entire calendar year.

[6] The "Outside metropolitan statistical areas" category includes both micropolitan statistical areas and territory outside of metropolitan and micropolitan statistical areas. For more information, see "About Metropolitan and Micropolitan Statistical Areas" at <www.census.gov/programs-surveys/metro-micro.html>.

[7] Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group, such as Asian, may be defined as those who reported Asian and no other race (the race-alone or single-race concept) or as those who reported Asian regardless of whether they also reported another race (the race-alone-or-in-combination concept). This table shows data using the first approach (race alone). The use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Information on people who reported more than one race, such as White *and* American Indian and Alaska Native or Asian *and* Black or African American, is available from the 2010 Census through American FactFinder. About 2.9 percent of people reported more than one race in the 2010 Census. Data for American Indians and Alaska Natives, Native Hawaiians and Other Pacific Islanders, and those reporting two or more races are not shown separately.

Note: The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year.

Source: U.S. Census Bureau, Current Population Survey, 2018 Annual Social and Economic Supplement Bridge File and 2019 Annual Social and Economic Supplement.

APPENDIX A. ESTIMATES OF HEALTH INSURANCE COVERAGE

Quality of Health Insurance Coverage Estimates

The Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) is used to produce official estimates of income and poverty, and it serves as the most widely-cited source of estimates on health insurance and the uninsured.

For the past several years, the U.S. Census Bureau has been engaged in implementing improvements to the CPS ASEC. These changes have been implemented in a two-step process, beginning first with questionnaire design changes incorporated over the period of 2014 to 2016, followed by more recent changes to the data processing system.

In 2014, the Census Bureau introduced redesigned income and health insurance questions in the CPS ASEC in an effort to improve data quality. Prior to the questionnaire redesign in 2014, researchers questioned the validity of the health insurance estimates.[1] In particular, the CPS ASEC did not capture as much health insurance coverage compared with other federal surveys or administrative records.[2] Additionally, these concerns extended to underestimating the prevalence of Medicaid coverage and misreporting of the source and timing of health insurance coverage.[3] After over a decade of research and evaluation into these data quality issues, the Census Bureau developed a redesign for the health insurance portion of the survey.[4]

Concurrent to the evaluation of health insurance, other subject-matter areas were similarly considering changes to the CPS ASEC to enhance data quality. A split-panel design in the 2014 CPS ASEC tested redesigned income questions, which were used for the full CPS ASEC sample in 2015 and subsequent years.[5] Additionally, changes were introduced beginning in 2015 to better identify opposite-sex spouses, same-sex spouses, and unmarried partners.

To ensure that data from the updated collection methods were released on schedule, the data were initially extracted and processed using legacy procedures. That is, estimates released from the CPS ASEC for calendar years 2013 through 2017 reflected questionnaire changes, but did not take full advantage of the new questionnaire content in data processing. While data collection methods reflected these changes immediately, data processing changes to take full advantage of this new content have only recently been finalized.

The second phase of implementation, which occurred in 2019, updated the processing system that imputes missing data, determines family relationships (including among same-sex couples), and constructs key health insurance measures. Specifically, for health insurance coverage estimates, the updates to data processing include: (1) a refinement of the population that the health insurance estimates describe to exclude infants who were born after the end of the calendar-year reference period, (2) an improvement to the imputation process for households with incomplete and missing data, (3) the ability to construct and release new measures, including about marketplace coverage, and (4) the use of subannual measures to capture when in the calendar year a person had health insurance coverage. These changes mean that files based on these processing updates reflect different types of coverage in their definitions of public, private, and military health insurance coverage. As such, they are not directly comparable to previously released files.

In April 2019, the Census Bureau released a rerun of 2018 CPS ASEC public-use data using the updated processing system. These data had previously been released in September 2018 using the legacy edit procedures. The April 2019 release was accompanied by several working papers, notes, and tables summarizing differences in estimates from the two processing systems. Public-use metadata files, a data dictionary, and supplemental technical documentation is available on the Census Bureau Web site. Similar resources were released for the 2017 CPS ASEC.[6]

Evaluation of the updated processing system documented improvements in data quality.[7] In particular, the estimate of the uninsured population with the updated processing system is lower than in the preceding CPS ASEC, as the updated processing system is designed to take full advantage of additional information on coverage.

[1] The issues with the traditional CPS ASEC health insurance estimates have been well established, as discussed in the Census Bureau's annual publication on health insurance. For an example, see page 22 in the report, P60-245, Income, Poverty, and Health Insurance Coverage in the United States: 2012 at <https://www2.census.gov/library/publications/2013/demo/p60-245/p60-245.pdf>.

[2] See J. A. Klerman, M. Davern, K. T. Call, V. Lynch, and J. D. Ringel, "Understanding the Current Population Survey's Insurance Estimates and the Medicaid 'Undercount,'" Health Affairs, Web Exclusive: w991-w1001, 2009.

[3] See K. Call, M. Davern, J. Klerman, and V. Lynch, "Comparing Errors in Medicaid Reporting across Surveys: Evidence to Date," Health Services Research, 48:652–664, 2013.

[4] See the infographic "Improving Health Insurance Coverage Measurement: 1998-2014, A History of Research and Testing" at <www.census.gov/content/dam/Census/newsroom/press-kits/2015/health_insurance_research.pdf>.

[5] For more information, see J. Rothbaum, "Changes to Income Processing in the CPS ASEC" at <www.census.gov/library/working-papers/2019/demo/SEHSD-WP2019-18.html>.

[6] For more information, see <www.census.gov/data/datasets/2018/demo/income-poverty/cps-asec-bridge.html>.

[7] For more information, see E.R. Berchick and H.M. Jackson, "Health Insurance Coverage in the 2017 CPS ASEC Research File," SEHSD Working Paper WP2019-01, 2019 at <www.census.gov/content/dam/Census/library/working-papers/2019/demo/sehsd-wp2019-01.pdf>.

Comparisons between 2017 and 2018 estimates in this report are based on estimates derived from the updated processing system. In some cases, the 2017 estimates in this report diverge from the estimates published in the *Health Insurance Coverage in the United States: 2017* report released September 2018, which were produced using the legacy processing system.

As seen in the timeline below, this two-stage redesign of CPS ASEC health insurance information is part of a longer history of improvement spanning decades.

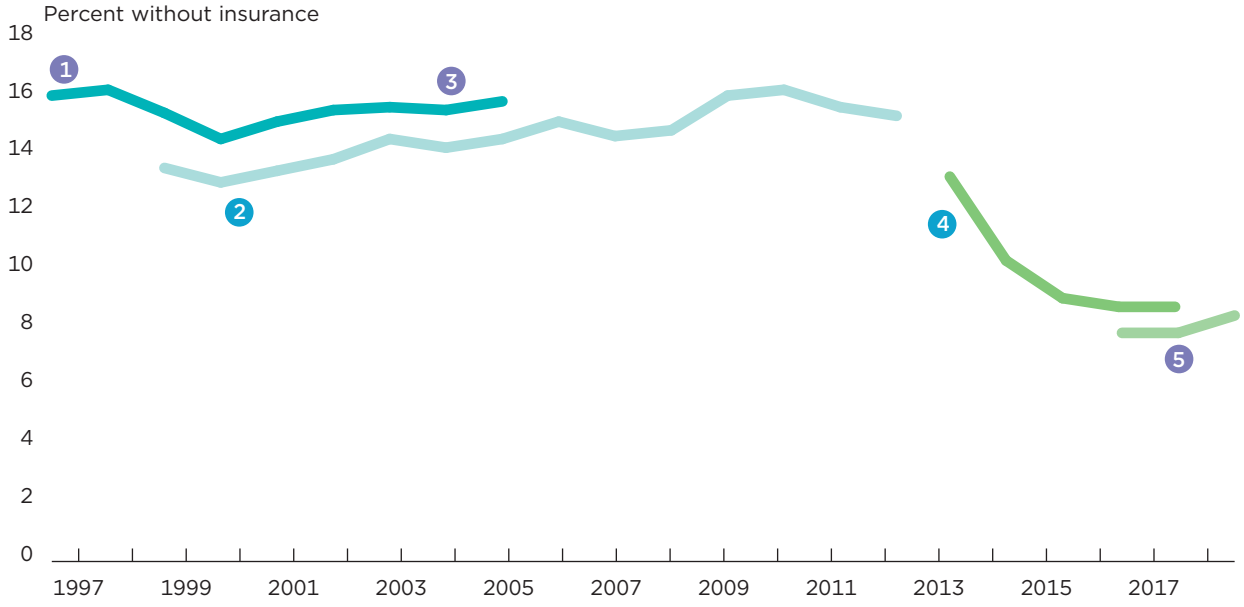
Historical Comparisons

Researchers should use caution when comparing results over time. Due to the differences in measurement, health insurance estimates for calendar year 2013 through 2017 are not directly comparable to previous years. Estimates for calendar year 2018 should only be compared with 2017 estimates from the 2018 CPS ASEC Bridge File or 2016 estimates from the 2017 CPS ASEC Research File. It is not appropriate to compare 2018 estimates with earlier years processed with the legacy system.[8]

Two data files can be used to provide estimates of health insurance coverage in 2017, namely the 2018 CPS ASEC and the 2018 CPS ASEC Bridge File. The 2018 CPS ASEC is

[8] Data users may also compare 2019 CPS ASEC and 2018 CPS ASEC Bridge File estimates with 2017 CPS ASEC Research File estimates. However, due to a number of differences described on the Census Bureau Web site, users should use caution in making these comparisons.

Figure A1.
Measuring Health Insurance Coverage With the Current Population Survey Annual Social and Economic Supplement (CPS ASEC): A History of Improvement



Changes in processing steps

1. People with no coverage other than access to Indian Health Service now considered uninsured. Overall estimates of health insurance coverage change only negligibly; however, the increase in the number of people covered by Medicaid may be partially due to this change.

3. These estimates from the 2005 CPS ASEC were revised based on improvements to the algorithm that assigned coverage to dependents, and there was an adjustment to the weights.

5. Updated processing system implemented to take full advantage of the 2014 CPS ASEC instrument redesign.

Change to survey instrument

2. Follow-up verification question added.

4. Health insurance questions were redesigned to address underreport of coverage. Estimates of overall coverage and coverage types are not comparable with later years.

Note: CPS measures prior-year coverage, e.g., 1997 statistics come from the 1998 CPS. For more information on the history of improvement to CPS ASEC health insurance content, see <www.census.gov/content/dam/Census/newsroom/press-kits/2015/measuring_health_insurance.pdf>.
Source: U.S. Census Bureau, 2017 CPS ASEC Research File, 2018 CPS ASEC Bridge File, 2019 CPS ASEC, Table HI-1. Health Insurance Coverage Status and Type of Coverage by Sex, Race, and Hispanic Origin: 1987 to 2005, <https://www2.census.gov/programs-surveys/demo/tables/health-insurance/time-series/original/orghihistt1.txt>. Health Insurance Historical Tables—HIB Series, <www.census.gov/data/tables/time-series/demo/health-insurance/historical-series/hib.html>.

List of Coverage Years Available and Source File

Coverage years	Files
1987–2012	1988 CPS ASEC–2013 CPS ASEC
2013–2017	2014 CPS ASEC–2018 CPS ASEC
2017–current	2018 CPS ASEC Bridge File; 2019+ CPS ASEC

used to compare coverage estimates in 2013 through 2017 (using the 2014 through 2018 CPS ASEC). The 2018 CPS ASEC Bridge File is used to compare estimates from 2017 and later years (using the 2019 CPS ASEC forward).

Estimates for health coverage in 2017 in this report come from the 2018 CPS ASEC Bridge File, while estimates in the previous report, Health Insurance Coverage in the United States: 2017, come from the 2018 CPS ASEC.

Comparison of Estimates of Health Insurance Coverage in 2017, Traditional Processing System and Updated Processing System

Data files produced with the two processing systems differ with respect to the population that the health insurance estimates describe; the imputation process for households with incomplete and missing data; and the availability of additional measures to capture more detailed information about coverage.

Microdata files also include different types of coverage in their definitions of public, private, and military coverage. The updated processing system allows the report of TRICARE separate from VA and CHAMPVA coverage. In the 2018 CPS ASEC, private health insurance includes coverage provided through an employer or union, coverage purchased directly by an individual from an insurance company, or coverage through someone outside the household. In the 2018 CPS ASEC Bridge File, private health insurance also includes TRICARE. In the 2018 CPS ASEC, this type of coverage cannot be separated from other types of military coverage and is included with government coverage.

Because of these improvements, coverage estimates are higher in the 2018 CPS ASEC Bridge File than in the 2018 CPS ASEC.[9] Coverage rates significantly differ between the two files for all types of coverage.

[9] For a comparison of estimates, see <https://www2.census.gov/programs-surveys/demo/datasets/income-poverty/time-series/data-extracts/2018/cps-asec-bridge-file/HI_Table_1_032819.xls>.

APPENDIX B. REPLICATE WEIGHTS

Beginning in the 2011 Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) report, the variance of CPS ASEC estimates used to calculate the standard errors and confidence intervals displayed in the text tables were calculated using the Successive Difference Replication (SDR) method.[1] This method involves the computation of a set of replicate weights that account for the complex survey design of the CPS. The SDR method has been used to estimate variances in the American Community Survey since its inception.

Before 2011, the standard errors of CPS ASEC estimates were calculated using a Generalized Variance Function (GVF) approach. Under this approach, generalized variance parameters were used in formulas provided in the source and accuracy statement to estimate standard errors.

One study found that the CPS ASEC GVF standard errors performed poorly against more precise Survey Design-Based (SDB) estimates.[2] In most cases, results indicated that the published GVF parameters significantly underestimated standard errors in the CPS ASEC. This and other critiques prompted the U.S. Census Bureau to transition from using the GVF method of estimating standard errors to using the SDR method of estimating standard errors for the CPS ASEC. In 2009, the Census Bureau released replicate weights for the 2005 through 2009 CPS ASEC collection years and has released replicate weights for 2010 to 2019 with the release of the CPS ASEC public-use data, including for the 2017 Research File and 2018 Bridge File.

Following the 2009 release of CPS ASEC replicate weights, another study compared replicate weight standard error estimates with SDB estimates.[3] Replicate weight estimates performed markedly better against SDB standard errors than those calculated using the published GVF parameters.

Since the published GVF parameters generally underestimated standard errors, standard errors produced using SDR may be higher than in previous reports. For most CPS ASEC estimates, the increase in standard errors from GVF to SDR will not alter the findings. However, marginally significant differences using the GVF may not be significant using replicate weights.

The Census Bureau will continue to provide the GVF parameters in the source and accuracy statement.

[1] R. E. Fay and G. F. Train, "Aspects of Survey and Model-Based Postcensal Estimation of Income and Poverty Characteristics for States and Counties," Proceedings of the Section on Government Statistics, American Statistical Association, Alexandria, VA, 1995, pp. 154–159.

[2] M. Davern, A. Jones, J. Lepkowski, G. Davidson, and L. A. Blewett, "Unstable Inferences? An Examination of Complex Survey Sample Design Adjustments Using the Current Population Survey for Health Services Research," Inquiry, Vol. 43, No. 3, 2006, pp. 283–297.

[3] M. Boudreaux, M. Davern, and P. Graven, "Alternative Variance Estimates in the Current Population Survey and the American Community Survey," presented at the 2011 Annual Meeting of the Population Association of America. Available at <http://paa2011.princeton.edu/papers/112247>.

APPENDIX C. ADDITIONAL DATA AND CONTACTS

Press releases, briefings, and data access are available on the U.S. Census Bureau's Health Insurance Web site. The Web site may be accessed through the Census Bureau's home page at <www.census.gov> or directly at <www.census.gov/topics/health/health-insurance.html>.

For assistance with health insurance data, contact the Census Bureau Customer Services Center at 1-800-923-8282 (toll-free), or search your topic of interest using the Census Bureau's "Question and Answer Center" found at <https://ask.census.gov>.

Additional Tables

The Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) along with the American Community Survey (ACS) are used to produce additional health insurance coverage tables. These tables are available on the Census Bureau's Health Insurance Web site. The Web site may be accessed through the Census Bureau's home page at <www.census.gov> or directly at <www.census.gov/data/tables/2019/demo/health-insurance/p60-267.html>.

Customized Tables

DATA.CENSUS.GOV

<data.census.gov>
Data.census.gov is the new platform to access data and digital content from the Census Bureau. It is the official source of data for the Census Bureau's most popular surveys and programs such as the CPS, ACS, Decennial Census, Economic Census, and more. Through the centralized experience on data.census.gov, data users of all skill levels can search premade tables or create custom statistics from Public Use Microdata files.

The Census Bureau created easy ways to visualize, customize, and download data through a single platform on data.census.gov in response to user feedback. To learn more about data.census.gov, upcoming improvements, and the retirement of older tools, such as American FactFinder, CPS Table Creator, and DataFerrett, check out the release notes and FAQs at <https://data.census.gov/assets/releasenotes/faqs-release-notes.pdf>.

Public-Use Microdata

CPS ASEC

Microdata for the CPS ASEC is available online at <http://thedataweb.rm.census.gov/ftp/cps_ftp.html#cpsmarch>. Data for the 2018 CPS ASEC Bridge File is available at <www.census.gov/data/datasets/2018/demo/income-poverty/cps-asec-bridge.html>. Technical methods have been applied to CPS microdata to avoid disclosing the identities of individuals from whom data were collected.

ACS

The ACS Public Use Microdata Sample files (PUMS) are a sample of the actual responses to the ACS and include most population and housing characteristics. These files provide users with the flexibility to prepare customized tabulations and can be used for detailed research and analysis. Files have been edited to protect the confidentiality of all individuals and of all individual households. The smallest geographic unit that is identified within the PUMS is the Public Use Microdata Area (PUMA). These data are available online at <http://census.gov/programs-surveys/acs/technical-documentation/pums.html>. Because the PUMS file is a sample of the ACS, estimates of health insurance coverage will differ slightly.

Topcoding

In the Census Bureau's long history of releasing public-use microdata files based on the CPS ASEC, the Census Bureau has censored the release of "high dollar" amounts, such as medical out-of-pocket expenses (MOOP) and income, in order to meet the requirements of Title 13. This process is called topcoding.

During the period prior to the March 1996 survey, topcoding was applied by limiting the values for dollar amounts to be no greater than a specified maximum value (the topcode). Values above the maximum were replaced by the maximum value.

Beginning with the 1996 survey, the censorship method was modified so that mean values were substituted for all amounts above the topcode. Using the mean value for all amounts above the topcode made it impossible to examine the distributions above the topcode. In an effort to alleviate this problem and improve the overall usefulness of the CPS ASEC, the Census Bureau sponsored research on methods that both met Title 13 requirements and preserved the distributions above the topcode.

This research led to the implementation in the 2011 CPS ASEC of rank proximity swapping methods that switch dollar amounts above the topcode for respondents that are of similar rank. Swapped amounts are rounded following the swapping process to provide additional disclosure avoidance.

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